



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
Rhode Island
FFY 2006-2007

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 06-30-2008)

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AMENDMENTS LOG
Child Care and Development Services Plan for
For the period: 10/1/05 -- 9/30/07

| SECTION AMENDED | EFFECTIVE/ PROPOSED EFFECTIVE DATE | DATE SUBMITTED TO ACF | DATE APPROVED BY ACF |
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Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

**PART 1
ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: **Rhode Island Department of Human Services (RI DHS)**

Address of Lead Agency: **Louis Pasteur Building #57
600 New London Avenue, Cranston, RI, 02920**

Name and Title of the Lead Agency's Chief Executive Officer:
Ronald A. Lebel, Acting Director

Phone & Fax Numbers: **PHONE: 401-462-2121; FAX: 401-462-3677**

E-Mail Address: **rlebel@dhs.ri.gov**

Web Address for Lead Agency (if any): **<http://www.dhs.ri.gov>**

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the State Child Care Contact (CCDF):
Reeva Sullivan Murphy, Child Care Administrator

Address of Contact: **Office of Child Care, Louis Pasteur Building # 57
600 New London Avenue, Cranston, RI 02920**

Phone & Fax Numbers: **PHONE: 401-452-6875; FAX: 401-462-6878**

E-Mail Address: **rmurphy@dhs.ri.gov**

Phone Number for child care subsidy program information (for the public) (if any):

401-462-5300 (DHS Information Line – general public)

401-462-3415 (Office of Child Care – providers)

401-222-7133 or 1-800-359-4111 (Child Care Assistance Unit, Providence – families)

401- 729- 5400 (Child Care Assistance Unit, Pawtucket – families)

Web Address for child care subsidy program information (for the public) (if any):

<http://www.dhs.ri.gov>

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities* during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: **\$17,400,000**

Federal TANF Transfer to CCDF: **\$13,700,000**

Direct Federal TANF Spending on Child Care: **-0-**

State CCDF Maintenance of Effort Funds: **\$ 5,321,126**

State Matching Funds: **\$ 4,017,000**

Total Funds Available: **\$ 77,000,000**

*** Rhode Island proposes to allocate approximately \$78,000,000 dollars to child care services and related activities in the State Fiscal Year 2006 (July 1, 2005 – June 30, 2006). The state contributes approximately \$39,000,000 more than the required allocations to provide an entitlement to child care assistance for children birth – age 16 in working families earning at or below 225% of the Federal Poverty Level.**

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): **\$ 1,300,000 (3.7 %)**. (658E(c)(3), §§98.13(a), 98.52)

1.5 Administration of the Program

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

☐

Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.

☒

No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

Some Quality activities are carried out by grantees. All grants and awards are allocated according to the procurement regulations located in Chapter 37-2 of the General Laws of Rhode Island. Once awarded, grantees enter into a contract outlining the basic assurances and parameters of their contractual obligations. Grantees are required to submit program and financial reports at least quarterly. All contracts are monitored by DHS Office of Child Care staff for compliance with the program and by DHS Financial Management staff for compliance with approved budgets and expenditures. Annual audits are required regarding the expenditures of the contract budget.

1.6 Determining Eligibility

For child care services funded under §98.50 (e.g., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families?
☒ Yes.
☐ No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:
- Determine individual eligibility of TANF families?
☒ Yes.
☐ No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:
- Assist parents in locating child care?
☐ Yes.
☒ No. If no, identify the name and type of agency that assists parents:
**Options for Working Parents,
a resource and referral program operated by
the Greater Providence Chamber of Commerce**
- Make payments to providers and/or parents?
☒ Yes.
☐ No. If no, identify the name and type of agency that makes payments:

1.7 Non-Governmental Entities

Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

- ☒ Yes, and the following entities named in 1.6 are non-governmental:
☐ No.

1.8 Use of Private Donated Funds

Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

- ☐ Yes, The name and type of entity designated to receive private donated funds is:
Name:
Address:
Contact:
Type:
- ☒ No.

1.9 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☐ Yes, and:

() The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(__ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☐ Yes, and

(__ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

1.10 Improper Payments

1.10.1 How does the Lead Agency define improper payments?

The RI Department of Human Services (RIDHS) agrees with the definition contained in the Improper Payments Information Act of 2002. Specifically, improper payment:

(a) means any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements; and

(b) includes any payment to an ineligible recipient, any payment for an ineligible service, any duplicate payment, payments for services not received, and any payment that does not account for applicable discounts.

1.10.2 Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

Prevention/Reduction:

- Every provider approved to accept payments in CCAP must attend a mandatory 2 ½ - 3 hour introductory training session on CCAP rules and provider responsibilities before they can receive their first reimbursement check
- The Systems Solutions Sub-committee of the Advisory Committee on Child Care and Development at DHS meets monthly to discuss provider perspectives on CCAP operations – Office of Child Care provides clarifications on rules and procedures and these are communicated to all participating providers
- RI DHS staff responsible for authorizing CCAP attend periodic training sessions on rules and procedures
- Supervisors of field staff responsible for authorizing CCAP meet with Office of Child Care staff to review rules and procedures as well as staff and provider activity at least quarterly
- In fall 2005, DHS will be releasing and disseminating newly created materials for families “Navigating the DHS Starting Right Child Care Assistance Program (CCAP)”. These are a video and an information book for participating families explaining CCAP rules and family responsibilities in the program. Materials will be available in English and Spanish.
- RI DHS has established a Front End Detection Unit (FRED). Staff are able to refer questionable applications to FRED for investigation before determining eligibility for assistance
- Providers who exhibit a pattern of inaccurate enrollment or reporting of attendance that results in improper payments are discontinued as approved providers in CCAP
- Information Technology
 - Providers have access to an Automated Web-based Enrollment System which provides timely and accurate eligibility information for them and collects and processes enrollment information from them
 - The DHS INRHODES database fully integrates client and eligibility information from TANF, Food Stamps, Medical Assistance, Child Care, and other public assistance programs administered through DHS. Program rules and application state that DHS may use any information known to the department in making eligibility decisions
 - Data sharing/matching from outside sources such as IEVS, Unemployment, New Hires, PARIS, INS, SSA, SSI, Child Support, etc.

Identification:

- RI’s Single Audit
- RI DHS FRAUD Unit
- Reports from INRHODES integrated data base
- Reviews of payment claims from providers
- Reviews of sampled cases

Collection:

- **The Financial Management Unit identifies overpayments and recoups these from provider reimbursements**
- **Parents who commit fraud in accessing assistance for which they are not eligible are subject to prosecution and repayment of resources paid on their behalf**

☐ No. If no, are there plans underway to determine and implement such strategies?
☐ Yes.
☐ No.

1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?

☒ Yes, and these strategies are:

**Rhode Island Single State Audit;
RI DHS FFED/FRAUD Unit;
Reports from INRHODES integrated data base;
Reviews of payment claims from providers; and
Reviews of sampled cases.**

☐ No. If no, are there plans underway to determine and implement such strategies?
☐ Yes.
☐ No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

| | Consultation | Coordination |
|--|---------------------------------------|---------------------------------------|
| • Representatives of local government | <input checked="" type="checkbox"/> * | <input type="checkbox"/> |
| • Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services. | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| • State/Tribal agency (agencies) responsible for | | |
| ○ Public health | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| ○ Employment services / workforce development | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| ○ Public education | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| ○ TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> * |
| ○ State pre-kindergarten programs | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>See comment below</i> | | |
| ○ Head Start programs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Programs that promote inclusion for children with special needs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Other (See guidance): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Required.

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Representatives of local government: Representatives of local municipalities attend meetings of the Advisory Committee on Child Care and Development at DHS. DHS Office of Child Care staff go out to local municipalities and regional partnerships to provide information about the resources available for early education and child care through CCAP and also to gain information about local efforts and programs. The Child Care Administrator serves on the Advisory Board of Ready 2 Learn Providence, the Early Learning Opportunity [ELO] grantee in RI's urban center and capital.

Narragansett Indian Tribe: The Hand in Hand Child Care center operated by the Narragansett Indian Tribe is licensed and approved to accept reimbursements for child care services delivered to CCAP eligible children. Currently nine (9) CCAP eligible children are enrolled there. The center Director is included in the Advisory Committee on Child Care and Development at DHS (ACCCD) participant list and receives regular information about the operation of CCAP and the activities of the Starting Right Quality Initiatives.

RI Department of Health (RI DOH): RI DOH administers Successful Start, the RI State Early Childhood Comprehensive System (SECCS) grant. DHS has been an active participant in the planning phase. The Child Care Administrator served on the Steering Committee and chaired the Early Childhood Education Work Group. DHS has signed an MOU with DOH committing ongoing collaboration for the implementation phase of the SECCS project.

RI DHS and RI DOH collaboratively fund and oversee the Child Care Support Network (CCSN), an on-site technical assistance program for regulated child care providers (centers and family child care homes) administered by RI DOH with particular emphasis on improving overall quality, health and safety, integrating special needs children in child care settings, developing positive relationships with families, and supporting optimal social and emotional development of children in care.

Rite Works Employment and Retention Services (Rite Works) is a unit within the Individual and Family Support Services Division of RI DHS as is the CCAP. Rite Works has responsibility to coordinate with other state and federal agencies and with RI employers on employment issues and opportunities. As such Rite Works staff have formed partnerships with RI Department of Labor and Training (RI DLT), RI Department of Elderly Affairs, the RI Human Resource Investment Council, The Employer Service Network, RI Economic Development Council, the Business First initiative and netWORKri, a state wide collaborative one-stop employment program. Through these partnerships and affiliations Rite Works is able to form relationships with employers who can provide training and employment opportunities for DHS clients. The focus of Rite Works is to place beneficiaries of the Family Independence Program (FIP/TANF) into jobs and support job retention after placement. As FIP beneficiaries these families are eligible for child care assistance to support both job training and employment. Rite Works and

CCAP staff work together to ensure that child care issues are not barriers to full participation in the workforce.

RI Department of Education (RIDE): RI DHS and RIDE work collaboratively on the Rhode Island Early Learning Standards Project (described in greater detail in Part 5). This project initially supported development of the RI Early Learning Standards (RI ELS) for Pre-K children. The two departments now coordinate a highly successful professional development effort to implement RI ELS for ECE professionals in public schools and community CC settings. In community based classes CC practitioners and public school PreK and K teachers learn how to align curriculum and assessment with RI ELS and address the coordination of transition into Kindergarten for families with preschool children.

RI DHS is the lead agency for TANF. The RI DHS Starting Right Child Care Assistance Program (RI DHS CCAP) is administered in the Individual and Family Support Services Division of RI DHS as is TANF. The programs are closely coordinated. RI DHS staff make every effort to ensure that families transitioning on to or off of the Family Independence Program (RI's TANF program) encounter a seamless transfer of child care benefits where these are needed to support work or participation in approved activities in order to advance positive family outcomes.

Pre-K: Rhode Island does not have a formal state Pre-K program – by consensus of the agencies represented on the RI Children's Cabinet, the state has made significant investments in early childhood education by investing in increasing access to regulated child care and improving quality in child care settings through rate increases and strategic quality investments. In 2005, RI DHS, DOH, DCYF and a number of community partners have come together to spearhead and lead a task force to develop and implement a Quality Rating System (QRS) for Rhode Island. One of the stated goals of the QRS work is to define standards for pre-kindergarten program certification that will include implementation of RI ELS. The group envisions that the implementation of a RI QRS in 2008 will enable RI to definitively identify pre-kindergarten programming embedded in community settings and supported for CCAP eligible preschoolers with blended CCDF and state funding.

Head Start: Through an annual legislative grant administered through RI DHS, RI supports additional slots for Head Start eligible children in each of the eight grantees across the state. RI DHS staff enjoy a strong collegial relationship with staff from the Administration for Children and Families in Region 1 who oversee and monitor the grantee agencies and programs. Representatives from Head Start and Early Head Start grantees participate regularly on the Advisory Committee on Child Care and Development at DHS. Grantees offering full day, full year programs have full access to CCAP funds to support child care for children in working families beyond the hours of the federally supported Head Start early education program. The Child Care Administrator participates in the monthly Head Start Association meetings when requested (usually once or twice annually).

The Head Start Collaboration Project Director is housed at DHS in the Division for Individual and Family Support Services and works closely with Office of Child Care staff to coordinate Head Start and CCAP.

The Early Intervention Program addressing the special needs of children from birth to three (3) years of age is now administered by RI DHS. The Child Care Administrator participates on the RI Interagency Coordinating Council (ICC).

The Early Childhood Interagency Task Force addressing the special needs of children from three (3) to five (5) years of age is administered by RIDE. RI DHS has strong collegial relationships with RIDE, and collaborates to support integration of children with special needs with typically developing peers in community settings.

Additionally, RI DHS administers a program to support integration of special needs children into community child care settings as part of the CEDARR (Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-evaluation) Family Center Initiative in the Center for Child and Family Health. Connect-RI (formerly Therapeutic Child and Youth Care) allows specially certified child care providers to provide additional services needed to successfully integrate qualified children with special needs in community child care settings. These specific services are supported by Medicaid funds. Office of Child Care staff have worked closely with colleagues in the Center for Child and Family Health to develop and launch these services in regulated child care settings across the state.

[Other]

RI DHS is not responsible for CC licensing but works closely with RI Department for Children, Youth and Families (RI DCYF) to support monitoring, uphold child care licensing regulations, and provide technical assistance regarding licensing and quality to providers and prospective providers.

RI DHS is a major participant on the Rhode Island Children's Cabinet which is comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, RI Department of Mental Health, Retardation and Hospitals, as well as the Commissioner of Higher Education, and senior staff from the Office of the Governor. The intent of the Children's Cabinet is to foster cooperative state efforts to address the needs of children and families in an integrated and effective way. It functions as an information exchange and collaborative planning forum among state departments, private service agencies and the public. (See Attachment 1)

Moreover, DHS partners with other state agencies and community based organizations in several other efforts to address specific issues related to young children and their families:

- The recently completed work of the School Readiness Indicators Initiative convened by RI Kids Count;
- Ready 2 Learn Providence – a local effort in our largest urban center convened by the Mayor of Providence and the Providence Plan and supported by a federal Early Learning Opportunities grant with support and participation by RI DHS, RI DOH, RI DCYF and RIDE;
- RI Child Care Development Specialist Apprenticeship Program - awarded a Federal grant in FFY 2000, RI DHS convened this project as part of the HOPE professional development initiative. The project, now sustained as a permanent program by CCDF quality funds, is supported by RI DLT, RIDE,

RI DOH, RI DCYF and child care providers and is administered by the Community College of RI (CCRI);

- **The RI Child Care Policy Research Partnership (RI CCRP) - awarded a federal grant in 2002, and convened by RI DHS, the RI CCPRP is a collaborative group of state agencies and private partners committed to building a state-wide, interagency capacity to effectively propose, conduct and communicate policy-relevant analyses related to child care and early education.**

2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft is included as **Attachment ____**.
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment ____**.
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment 1**.
- ☐ **Other (describe):**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.

Rhode Island's Children's Cabinet (Attachment 1 a) has continued to make progress in supporting data sharing across state agencies to track the coordination of programs and funding in advancing positive outcomes for vulnerable children.

The Governor has formed an Office of Health and Human Services (OHHS) to more fully and formally coordinate the administration and activities of human service agencies in RI, specifically RI DHS, RI DOH, RI DCYF, RI Department of Mental Health, Retardation and Hospitals (MHRH) and RI Department of the Elderly. The state legislature is currently considering legislation to make this a permanent body in state government.

All Children's Cabinet agencies were actively engaged in the SECCS planning administered at DOH. The Successful Start plan that emerged from that intense collective work articulates the next phase of coordination in an ongoing vision, articulated and launched in the Starting Right initiative, for a seamless continuum of early care and education (ECE) services supporting all young children and their families. (Attachment 1 c)

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Rhode Island Children’s Cabinet comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, and RI Department of Mental Health, Retardation and Hospitals, as well as the Commissioner of Higher Education, and senior staff from the Office of the Governor has responsibility to coordinate all programs related to children in the state.

The Advisory Committee on Child Care and Development at DHS (See Attachment 1b) provides a working group addressing coordination of a variety of early childhood programs seeking to address access to high quality early education and child care.

RI DHS CCAP brings CCDF, TANF and the RI Comprehensive Child Care Services Program (CCCSP) (the state administered comprehensive child care program described in Section 5.1.4 under OTHER QUALITY ACTIVITIES) under one program – these three programs are seamlessly coordinated. Since the submission of the 2004-2005 State Plan, Early Intervention (EI) has also been moved to RI DHS in the Center for Child and Family Health (CCFH) allowing for even closer coordination between CCAP and EI. The implementation of Connect-RI, also at DHS CCFH, brings Medicaid funding to support the integration of children with special health care needs in community child care settings with typically developing peers. Section 2.1.2 describes RI DHS CCAP coordination with Head Start and the Narragansett Indian Tribe.

Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

The expected results of coordinating all programs related to young children and their families in RI is that we achieve progress toward the Children’s Cabinet goal that “All children enter school ready to learn”.

The Children’s Cabinet works with RI Kids Count and the RI School Readiness Indicators Team to identify and track indicators that monitor success toward that end.

As demonstrated in descriptions of quality activities and initiatives in this plan, representatives from RI DHS CCAP, other state agencies involved in early education and child care, RI Head Start, Early Intervention, Connect-RI and local education agencies, are among those gathered when we develop and implement any activity or initiative impacting early education and child care.

Through Successful Start, the RI Quality Rating System Partnership (described in Section 2.3), the RI Early Learning Standards Project, HOPE (RI’s Harbor of Opportunities for Professional Excellence (detailed in Attachment 13) and other Starting Right Quality initiatives, Rhode Island continues to make progress toward supporting an integrated and coordinated system of ECE that promotes family strength, child well being and school readiness across all domains of development.

Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

Since the inception of Starting Right in the mid-late 1990's, Rhode Island has demonstrated a stalwart commitment to coordinated services for children and families and an inclusive, collaborative approach that supports state agencies working with one another, with private community agencies and entities, and with stakeholders in the public forum to advance a collective vision for children and families. Under the current state administration, the Children's Cabinet remains a strong and vital force for coordination. No change other than incremental progress toward our goals is anticipated at this time.

2.2 Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: **July 1, 2005**

Manner of notifying the public about the statewide hearing:

- **Advertisement in Providence Journal**
- **Announcements at public meetings of the ACCCD**
- **General mailing of proposed State Plan and notice of hearing to members of the ACCCD, the Permanent Legislative Commission on Child Care, members of the RI Children's Cabinet and representatives of the Narragansett Indian Tribe**
- **Broadcast internet message to child care providers participating in RI DHS CCAP**
- **E-mail alert to members of the ACCCD and the Welfare Reform Implementation Task Force**

Date(s) of public hearing(s): **July 20, 2005**

Hearing site(s): **DaVinci Center, Providence, RI**

How the content of the plan was made available to the public in advance of the public hearing(s):

Presentation of contents of the plan to the Advisory Committee on Child Care and Development (ACCCD) at DHS

Draft of plan available by request from DHS Policy Office (stated in ad)

Draft of plan available on DHS website

Mailing of draft plan to:

- **Members of Advisory Committee on Child Care and Development at DHS;**
- **Members of Permanent Legislative Commission on Child Care;**
- **Representatives of the Narragansett Indian Tribal Council; and**
- **Members of the RI Children's Cabinet.**

A brief summary of the public comments from this process is included as **Attachment 3**.

2.3 Public-Private Partnerships

Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))

Options for Working Parents Rhode Island's centralized resource and referral program for working families, initiated 1993

Funding Partners: RI DHS; business organizations; RI legislature (annual grant)

Administered by: The Greater Providence Chamber of Commerce

Activities/Services:

- Information for families about regulated child care providers and about choosing quality care for their children;
- Accurate data on the availability of tax credits for RI businesses providing child care amenities;
- Accurate data on the capacity of the regulated child care industry in the state;
- Contracts with employers to provide information, guidance and possible options to help employees meet child care needs;
- Bringing members of the business community and the child care industry together to explore ways and means of financing a quality early care and education system in Rhode Island;
- Outreach to RI businesses and employers to educate them about the Family Independence (welfare reform) Program and the Starting RIght Initiative in order to cultivate broad-based support for low income working families from the business sector; and
- Training and technical assistance opportunities for child care providers concerning the effective operation of a small business.

Results/Outcomes:

- Families educated to make the best child care choices for their children;
- Access to information about regulated child care providers and available openings for families and policymakers;
- Support for providers seeking to fill vacancies;
- Access to information about child care capacity and services in Rhode Island; and
- Increased interest, knowledge and participation in child care by businesses and business organizations in RI.

RI Child Care Facilities Fund, initiated 2002

Funding Partners: RI Department of Human Services; LISC; The RI Foundation; United Way of Rhode Island; RI Housing and Mortgage Finance Corporation; The Alan Shawn Feinstein Family Fund; Hasbro Charitable Children's Trust; US Department of Education; and US HHS.

Administered by: Rhode Island affiliate of the Local Initiatives Support Corporation (LISC) and supported by the national LISC organization and its child care subsidiary, Community Investment Collaborative for Kids (CICK)

Activities/Services:

- Technical assistance for facility enhancement and loan management to all child care providers;
- Very low interest loans for building, expanding, and improving child care facilities to child care centers;
- Grants for materials and child care related home improvements to family child care homes;
- Training and technical assistance to providers on designing and enhancing child care facilities and indoor and outdoor environments; and
- Training for architects and construction industry professionals on the unique needs and challenges of building, enhancing and expanding child care facilities.

Funding priorities for provider participation include: service to DHS CCAP assisted families; expansion of child care capacity in underserved areas; increased infant/toddler capacity; participation in accreditation or other quality improvement activities; and merits of plan/project to create high quality environments for children, families, and staff.

Results/Outcomes:

- Increased child care capacity especially in underserved communities and particularly for DHS CCAP assisted families;
- Increased infant/toddler capacity;
- Improved, high quality environments for children, families & staff;
- Access to technical expertise of banking, lending and construction industries to child care providers; and
- Improved understanding of needs of child care industry by professionals in banking, lending, and construction.

The RI Quality Rating System Partnership [RI QRSP], initiated 2005

A partnership formed to develop and implement a comprehensive Quality Rating System for regulated early care and education (ECE) and after school plus (AS+) programs in RI by 2008.

Partners: RI DHS; the Advisory Board on Child Care & Development at DHS; RI Comprehensive Child Care Services Program; RI DOH; Successful Start at DOH; RI Child Care Facilities Fund; RI Kids Count; Options for Working Parents; RI Head Start Collaboration Office; RI Department of Education; RI Department of Children, Youth and Families; National Child Care Information Center; United Way of Rhode Island

Administered by: Rhode Island Kids Count

Anticipated Activities:

- Design, pilot and implement a Quality Rating System for early care and education and after school plus programs across Rhode Island;
- Convene an inclusive and diverse Steering Committee to guide the work;
- Support for 3 phases: 24 months of research and development; 12 month pilot ; full implementation in fall 2008;
- Convene Family Focus Groups to include family perspective on quality;

- Convene Work Group with expert facilitation to develop research based standards and criteria and frameworks to measure program achievement of standards;
- Design an assessment, monitoring and reporting system to assess programs, assign quality levels, and provide feedback to programs;
- Make recommendations for any indicated infrastructure changes (licensing, accreditation, pre-K certification systems, others) needed to implement the system;
- Explore strategic linkages between QRS standards and existing quality improvement support and training efforts in Rhode Island, identify gaps and plan for coordination; and
- Design a 1-year pilot of QRS implementation to launch in the fall of 2007 including a preliminary statewide implementation plan and a financing strategy.

Results/Outcomes:

- Consensus in RI on what constitutes program quality for ECE and AS+ programs;
- A secure foundation to assess programs and ensure that every child in Rhode Island has access to high quality programs that are held accountable with consistent standards;
- A tool to educate families about program quality and assist them in identifying high-quality programs for their children;
- Allocation of quality improvement resources that effectively help providers identify incremental quality improvement goals and implement strategies to achieve them;
- An improved, coordinates licensing and regulatory system that it is efficient and effective at ensuring and communicating compliance with regulations;
- Pre-K criteria defined and recognition of programs for 3 and 4 year olds that meet that criteria;
- Funding to support a QRS that includes effective evaluation and monitoring of programs, sufficient support for program quality improvement and incentives to encourage and reward continuous quality improvement;
- A connected QRS system of standards, evaluation, monitoring and support for program quality improvement that engages the majority of licensed programs in RI and encourages and motivates programs to continuously improve quality and advance levels.

RI DHS is also working collaboratively with other state agencies as well as private funders to create a public-private partnership to support a scholarship program for practitioners in ECE and child care programs in RI.

PART 3

CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:

(1) a description of the form of the certificate (98.16(k));

When a family applies for RI DHS CCAP, they are issued a uniquely identifying certification number as “pending” approval. This number is issued to the family within 48 hours of application. The day after CCAP eligibility is approved, the family is issued an approval letter specifying: all children approved for assistance; the assigned family co-payment (if any is assessed); and the length of the current certification period. A copy of the actual child care certificate is attached to the approval letter (See Attachment 3). The certification number originally issued remains constant – the status of the certification number becomes “approved”.

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

The family with a pending or approved certification number provides the number to a DHS CCAP Approved Provider who then uses an automated web-based enrollment system (accessed via internet or telephone) to determine that the family is participating in the CCAP, review case status, and inform DHS that the child is enrolled in care in order to establish a basis for payments.

Families may use the certification number with any of the following providers that have been approved by DHS CCAP:

Regulated:

- **Child Care Centers (this includes approved school age programs operated in centers or in schools);**
- **Family Child Care Homes (this includes Group Family Homes);**
- **Nursery Schools**
- **Summer camps in or affiliated with licensed CC facilities**

Non-regulated:

- **Legal non-certified providers (this includes care provided in the child’s home or in the provider’s home)**
- **Summer camps not affiliated with licensed CC facilities**

(See Attachment 4 for definition of provider types in RI DHS CCAP)

The Certificate allows the family to purchase, as appropriate, the following child care services from any and all of the above providers:

Infant/Toddler Care (age 1 week up to 3 years);

- **Preschool Care (age 3 years to entry to 1st grade);**

- **School-age Care (1st grade – 12 years);**
- **Youth Care (13-16 years: state funded)**

When families need to change providers they are able to make those arrangements with CCAP approved providers without coming back to DHS. The change is communicated via the automated enrollment system.

Both parents and providers receive timely written confirmation of all enrollment information communicated to the department.

- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the mix of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate.
(98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

- 3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No.

- 3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☒ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

Care by Legal Non-certified Providers in or out of the child's home is limited to three (3) unrelated children or six (6) children if all children are related to the provider. These limits mirror the RI DCYF licensing regulations.

Providers and all household members over 18 must pass Bureau of Criminal Investigation and RI DCYF Child Abuse and Neglect Tracking System background checks.

Providers must attend 3 hours of training relevant to child development, health and safety, or other topics related to caring for children each year.

☐ No.

- 3.1.4 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes.

- ☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as **Attachment 5**.

The attached payment rates were or will be effective as of **January 1, 2004**.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: **April 2002 (on which current maximum rates are based) December 2004 (most recent survey, on which July 2006 maximum rates will be based).** (§98.43(b)(2))
- A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as **Attachment 6 (a:2002; b:2004.)**
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

Rhode Island state law mandates that the Department of Labor and Training (DLT) conduct or certify a child care market rate survey of licensed and certified child care providers biennially and forward the results to RI DHS. The current survey was submitted to RI DHS in June 2004. It was conducted by the Charles T. Schmidt, Jr. Labor Research Center of the University of Rhode Island with input from RI DLT, RI DHS, and child care providers. Maximum reimbursement rates for regulated providers participating in CCAP are determined by applying the 75th percentile of the market rate survey responses. The statute requires that DHS CCAP rates be adjusted to the 75th percentile of market rate survey results every two years.

In accordance with the statute a rate increase is scheduled for July 2006 when rates will be adjusted to the results of the recently completed 2004 market rate survey. Since the reimbursement rates are at least equal to what a majority of the child care providers charge private-pay families, CCAP assisted families have had little difficulty obtaining a child care slot solely due to rates.

Non-regulated providers are not included in the law requiring the market rate survey. DHS has not received complaints or concerns about the difference between rates paid to non-certified providers and certified providers. When asked directly, parents using non-

certified providers felt that the rates were adequate. Non-regulated child care providers have the option to become certified in order to qualify for the higher reimbursement rates paid by DHS to licensed and certified child care providers if they feel that the non-certified reimbursement rate is insufficient.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

The 2004 market rate survey indicates that the rate of participation in DHS CCAP for regulated child care providers is very high – at least 90% of certified FCC homes and centers accept subsidized children. Both homes and centers increased the number of DHS CCAP assisted children served since 2002.

The 2005 RI Kids Count Fact Book indicates that overall capacity for infants, toddlers and preschool in regulated child care is on the rise in Rhode Island's five core urban communities where the majority of CCAP subsidized families reside. The number of child care slots per 100 children < age 6 in need of regulated care rose from 108 - 123 in those communities in 2004. Similarly, one hundred more school age slots were created in those same communities in 2004.

The Economic Impact Study of Rhode Island's Child Care industry released in March 2003 indicates that 37% of children in regulated care in Rhode Island are supported by CCAP subsidies. Using the same method for analysis in 2004, the percent of CCAP assisted children in regulated care remains high at 36%.

If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

A full range of providers is indicated on rate table.

At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.

There is a slight variation across age groups and providers types. For example, the current Preschool rate for FCC providers remains the 75th percentile of the 2004 Market Rate Study. Most other rates across regulated provider types are at approximately the 50th percentile of the most current 2004 Market Rate Study.

Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☐ Yes. If yes, describe:

☒ No.

3.3 Eligibility Criteria for Child Care

- 3.3.1 Complete column (a) and (b) in the matrix below. Complete Column (c) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

| Family Size | (a) 100 % of State Median Income (SMI) (\$/month) | (b) 85 % of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85] | IF APPLICABLE | |
|-------------|--|---|--|---|
| | | | (c) Income Level, lower than 85 % SMI, if used to limit eligibility | |
| | | | (d) \$/month | (e) % of SMI [Divide (d) by (a), multiply by 100] |
| 1 | 3,080 | 2,618 | 1,794 | 58 % |
| 2 | 4,028 | 3,424 | 2,405 | 60 % |
| 3 | 4,976 | 4,230 | 3,016 | 61 % |
| 4 | 5,924 | 5,036 | 3,628 | 61 % |
| 5 | 6,872 | 5,841 | 4,239 | 62 % |

If the Lead Agency does not use the SMI from the most current year, indicate the year used:

If applicable, the date on which the eligibility limits detailed in column (c) became or will become effective:

April 2005 in accordance with changes to Federal Poverty Level (FPL).

Rhode Island defines eligibility limits according to family's gross annual income as a percent of the established FPL and adjusts the income chart annually when FPL changes. The program was expanded to include all working families up to 225 % FPL in July 1999.

- 3.3.2 How does the Lead Agency define "income" for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as **Attachment 6.** (§§98.16(g)(5), 98.20(b))

The financial unit for determining eligibility in CCAP is defined as the dependent children, including both requesting and non-requesting children, and the parents(s) and the legal spouse(s) of the parents(s) who live in the same household. The financial unit may also include other verified related children for whom the applicant is requesting CCAP benefits. Income from all members of the financial unit is counted.

The definitions of financial unit, countable income and excluded income, as specified in the RI DHS Code of Rhode Island Rules can be found in Attachment 7.

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

☐ No.

RI DHS has established Short Term Special Approval Child Care (SSACC) for families in CCAP which allows for short periods of eligibility or continuing eligibility under certain circumstances for families who cannot meet the established requirements for approved activity or employment. (See Appendix 2).

RI DHS CCAP identifies children of teen parents as a special population in need of care. Teen parents participating in an Adolescent Self Sufficiency Collaborative (ASSC) have a categorical eligibility for CC assistance as a supportive service to complete their high school education whether or not they are participants in the FIP. (See Appendix 2).

- 3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

☐ No.

☒ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

- 3.3.5 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is **19**.

☐ No.

- 3.3.6 Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☐ Yes, and the upper age is ____.

☒ No.

3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒ No.

3.3.8 Does the State choose to provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☐ Yes.

☒ No. *not with CCDF funds*

3.4 Priorities for Serving Children and Families

Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

The R. I. Family Independence Act states that the Department shall provide appropriate child care to every parent who requires child care in order to meet the FIP work requirements and to all other families with incomes at or below one hundred and eighty five percent (185%) of the Federal Poverty Level (FPL), if they are otherwise eligible, with no time limits. The R.I. Starting Right Act expands eligibility to all working families at or below 225% FPL. All families in this income range, whether receiving cash assistance and participating in approved activities or low income and employed, are eligible.

Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

In accordance with the Family Independence Act and Starting Right, child care assistance has become an entitlement for the Rhode Island's low income families. Cash recipients of the Family Independence Program (FIP) participating in approved component activities of their Family Independence Plans as well as employed low-income non-FIP families continue to qualify for subsidized child care until their countable income exceeds two hundred twenty-five percent (225%) of the Federal Poverty Level (FPL). Rhode Island's DHS Child Care Assistance Program (RI DHS CCAP) is still available to at-risk families and those families transitioning from cash assistance as it was prior to the enactment of Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), P.L.104-193.

- 3.4.3 Does the Lead Agency maintain a waiting list?
- ☐ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- ☒ No. If no, does the Lead Agency serve all eligible families that apply?
- ☒ Yes.
- ☐ No.

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

State statute requires that all eligible families be served.

3.5 Sliding Fee Scale for Child Care Services

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment 8**.

The attached fee scale was or will be effective as of **January 2004**.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- ☐ Yes, and the following describes any additional factors that will be used:
- ☒ No.

- 3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

- ☒ Yes.
- ☐ No, and other scale(s) and their effective date(s) are provided as **Attachment ____**.

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: **\$16,090 (annual income)**.

The Lead Agency must elect ONE of these options:

- ☒ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- ☐ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

- 3.5.4 Does the Lead Agency have a policy that prohibits a child care provider from charging families any unsubsidized portion of the provider's normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

☒ Yes. Please describe:

A DHS CCAP Approved Provider must agree to accept the maximum rates established on the DHS CCAP Established Rate Table (Attachment 5) as payment in full for CCAP authorized care. Participating providers are prohibited from charging families more than the co-payment assigned by CCAP for authorized child care services. Any services provided in excess of DHS authorized hours are the responsibility of the parent.

☐ No.

- 3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The RI DHS CCAP calculates co-payments for families according to income level and family size. At each of five established levels, a certain percent of gross family income is assigned. At incomes at or below 200% FPL, this percent does not exceed 10 % which is generally recommended as an acceptable affordability test. At income levels between 200% FPL and 225% FPL, co-payment is assigned as 14% of the family's income.

The percent of income assigned at each level is applied against the total family income assessed in determining eligibility for each family. If family income or family size changes, co-payment is reassessed. No other factors impact the assigned percent of family income so the family pays the assigned amount regardless of age of children, cost of care, time used or number of children enrolled.

PART 4

PROCESSES WITH PARENTS

4.1 Application Process / Parental Choice

4.1.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- Who makes the eligibility determination
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Availability & Options

Families are informed of the availability of child care assistance through a variety of sources including:

- **Contact with DHS field staff:** For cash recipients in the Family Independence Program (FIP), child care as a supportive service for activities specified in an approved FIP Plan is discussed with parent(s) as part of an intake interview immediately following application. FIP families are required to attend an interview to establish and sign an approved plan – child care as needed as a supportive service for approved plan activities is arranged at that time if not requested earlier. Staff inform families about the types of providers available to them through CCAP;
- **Information in DHS offices:** Posters and fliers displayed and distributed through DHS offices inform parents about the CCAP and give examples of eligibility limits and requirements. In fall 2005, a new informative video will be available for families to view in both English and Spanish versions. The video, Navigating the DHS Child Care Assistance Program (CCAP), will be played in DHS offices and distributed to community based organizations who work with low income families. The video will be accompanied by a informative booklet;
- **The RI DHS web site;**
- **Community based organizations;**
- **Employment programs;**
- **RI DHS CCAP Approved Providers; or**
- **Options for Working Parents, RI's CC resource and referral program.**

DHS staff and the pending letter sent to each family within one week of application for CCAP inform parents that they are able to use any category of DHS CCAP Approved Provider to care for their child(ren) and refer them to Options for Working Parents for specific information on regulated providers in their area of choice. Options provides families with information on how to identify and choose a quality provider and identifies contact information for a set of regulated providers meeting criteria established by the family. If FIP families have difficulty locating suitable care, Options provides additional support to meet the family's needs.

Application & Eligibility

The application for the Child Care Assistance Program (CCAP) consists of the required application or request for CCAP services form, the documentation necessary to verify eligibility and establish the need for services, and/or the most current information available on the applicant from other DHS program sources. Specific information about the appropriate forms and sources of verification required are contained in the CCAP application packet and made available, upon request, by contacting any DHS office.

FIP families use a signed Request for Services form submitted to their usual FIP worker at DHS to apply for CC assistance. They can request child care assistance at initial application, at the plan interview or subsequently without additional face-to-face contact. This may be done in person or by mail once an approved FIP plan is in place. DHS FIP workers determine eligibility based on established criteria and may authorize certification periods from three (3) – twelve (12) months in length. Generally six (6) – twelve (12) months are approved for working families receiving cash assistance and shorter time frames coordinated with the length of training or education activities are authorized for non-working families.

Non-FIP families making application to the CCAP income eligible working families, may mail or bring a signed application with attached verifications to a Child Care Assistance Unit (CCAU) located in DHS Family Resource Centers. DHS CCAU workers determine eligibility and authorize assistance based on the family's documented need for services. A maximum of six (6) months of CC assistance is approved for income eligible working families.

Exceptions

A nonexempt parent who fails without good cause to comply with FIP plan requirements causes the amount of cash assistance paid to the family to be reduced by the parent's portion of the family's benefit. The reduction in benefits is preceded by a conciliation process. The conciliation process is the means for a participant to prove good cause for failure or refusal to comply with her/his requirements. Good cause for refusal to participate must be a verifiable short-term circumstance or an on-going reason for the individual turning down a specific assignment or job offer. Circumstances leading to determinations of good cause for failure to participate are usually short-term in duration and result from events beyond the participant's control. Two of the acceptable reasons which, when substantiated, constitute good cause for failure or refusal to comply with her/his employment plan are 1) that child care is necessary for the parent to participate in employment plan activity and the agency representative determines that such child care is

unavailable, or 2) that a breakdown in transportation arrangements has occurred with no readily accessible means of transportation.

Reducing Barriers

In Rhode Island, the entitlement to CCAP established under Starting Right prevents eligible families from losing access to CC assistance due to funding restrictions or waiting lists.

RI DHS allows families to apply for CCAP and to apply for continuing certification by mail so that parents do not need to miss work to arrange for CC assistance.

RI DHS has procedures in place that support seamless transitions for families in CCAP when they move off of or back into the cash assistance program.

In January 2004, RI DHS implemented an improved automated recertification process. Individualized recertification forms are generated by the DHS INRHODES system and automatically mailed to working families seven (7) weeks prior to the end of their current eligibility period. Families update the information necessary to determine ongoing eligibility and attach current wage verifications and verification of any new information or relevant changes then return the form to DHS at least two weeks prior to their current eligibility end date. Three weeks prior to the current end date, a reminder letter is mailed to all families who have not yet returned their recertification forms. Families who return the recertification form on time are granted up to 6 weeks of continuing approval to allow DHS staff to process their continuing eligibility without a break in assistance. This streamlined process has expedited recertification determinations for families and reduced gaps in CC assistance and services.

- 4.1.2 The following is a detailed description of how the State ensures that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

RI DHS CCAP is a voucher only program. Within forty eight (48) hours of DHS receipt of a CCAP application, the family is issued a pending certificate number and informed of their right and responsibility to choose any type of provider and the specific provider that best meets their family needs and values. DHS staff working with applicant families can check the Central Provider Directory to determine if an individual or program is approved to accept payments from CCAP. Information on provider types is included with all new applications. Forms to request provider approval applications are given to applicant families who are considering a provider of any type not already approved in CCAP.

All materials and communication distributed to families emphasize the primacy of parent choice in enrolling their child with a provider. All families are referred to Options for Working Parents to obtain information on regulated providers that accept CCAP. Options also distributes information on the characteristics of different provider types and on choosing good quality care for children.

Faith based providers of all types are included in the Central Provider Directory and the Options referral data base.

When families want to change providers they are able to make those arrangements with CCAP approved providers without coming back to DHS. The change is communicated to DHS via the automated enrollment system.

4.2 Records of Parental Complaints

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

Any oral or written expression of dissatisfaction made to staff workers either in the field or office; to administration personnel; or department officials by an applicant/recipient or his/her authorized representative questioning the administration of agency policies and programs with respect to the treatment and/or eligibility of said claimant to receive CC assistance or CC services delivered to an eligible family by an RI DHS Approved Provider is considered a complaint.

Complaints received from an applicant/recipient or his/her designated representative, either in the field or at Central Office, are referred to the appropriate supervisor for follow-up.

If the complaint involves the treatment of the applicant/recipient or a question of eligibility or need:

- **The complaint is referred to the appropriate agency representative;**
- **The agency representative has the responsibility to contact the individual to discuss with him/her the details of the complaint.**

If the complaint relates to CC services delivered by a DHS CCAP Approved Provider:

- **The complaint is referred to the Office of Child Care;**
- **Office of Child Care staff then contacts the individual and the provider in order to discuss the complaint;**
- **When the complaint refers to conditions regulated by child care licensing the Office of Child Care both refers the parent to the RI DCYF CC Licensing Unit and also communicates the complaint to the Licensing Unit for investigation. The RI DCYF Licensing Unit maintains information regarding all complaints received regarding potential regulatory violations, actions undertaken to investigate such complaints, and the resolution of any violations discovered.**
-

When the issue cannot be resolved by an agency representative, the claimant is informed of his/her right to: discuss the issue with the assigned supervisor; have an adjustment conference; and/or request a hearing.

If further information/documentation is required concerning the situation from alternate sources, the claimant may obtain the necessary information or may request the agency representative to obtain this information.

The Department's hearing decisions rendered on and after April 1, 1987, are available for examination at the Hearing Office, Louis Pasteur Bldg. #57, Howard Avenue, Cranston, Rhode Island, between the hours of 9:00 A.M. to 11:00 A.M. and 1:00 P.M. to 3:00 P.M., Monday through Friday. An index of decisions is available to facilitate this examination.

4.3 Unlimited Access to Children in Child Care Settings

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Language in the regulations governing licensed centers and certified homes mandates unlimited access by parents to children in care at all times without limitation. In addition, RI DHS CCAP Provider Agreement forms also include such language. Providers are informed of this requirement in writing and as part of the CCAP Approved Provider Introductory Training.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: **Rhode Island Department of Human Services.**

- "appropriate child care": **Is defined as care which meets the standards for providers as specified in Section 0850.03 (Parts A – C) of the DHS Code of Rhode Island Rules. (See Attachment 9)**
- "reasonable distance": **Is treated in the context of transportation under good cause in the conciliation process.**
- "unsuitability of informal child care": **Is defined as care which does not meet the standards for providers as specified in Section 0850.03 (Parts A – C) of the DHS Code of Rhode Island Rules. (See Attachment 9)**

- "affordable child care arrangements": **FIP recipients pay no co-payment to RI DHS CCAP Approved Providers and those providers are prohibited from charging more than the established CCAP rate for CC services delivered to CCAP eligible families.**

PART 5
ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF
CHILD CARE

5.1 Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities. **For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds.**

Infants and toddlers:

Rhode Island defines Infants and Toddlers as children under 3 years of age and supports the following quality improvement activities to promote capacity and quality in ECE for those children:

The RI Child Care Facilities Fund – a multi-year public private partnership described in Section 2.3 administered by the RI LISC.

Activities: Free technical assistance around facilities expansion and creating quality space; free technical assistance around construction and renovation management and loan management; very low interest loans for expansion and renovation of child care space for child care centers; grants to family child care providers for renovation and enhancement of space and for learning materials.

Expected Results: Priority is given to projects specifically expanding infant and toddler capacity and improving infant and toddler spaces, especially in under-served communities. The intended results are more high quality slots for infants and toddlers in programs serving CCAP assisted families.

CHILDSPAN, RI's Child Development and Education Training System – a multi-year professional development contract awarded through a competitive bid process to Children's Friend and Service.

Infant Toddler Activities:

Infant-Toddler Action Team - engages community input on expanding and improving professional development opportunities for practitioners who work with infants and toddlers.

Infant-Toddler Academy – A twelve (12) week training program consisting of thirty (30) hours of instruction and eight (8) hours of practical classroom application conducted at least twice annually. The Academy utilizes a nationally recognized infant-toddler caregiver training curriculum and was conceived and developed by the Infant –Toddler Action team with input from a variety of early care and education professionals.

Child Development Associate (CDA) training and scholarships for child care providers to become certified as Infant-Toddler caregivers.

Expected Results: An expansion of professional development activities specifically designed for practitioners who work with infants and toddlers – the expansion is evident by both more activities and by activities of greater depth addressing higher levels of professional expertise; increased competence and skills for individuals working with infants and toddlers in all types of care settings throughout the state; and greater retention of staff working with infants and toddlers due to the increased job satisfaction that comes from increased competence.

The Child Care Support Network (CCSN) - a collaboration with RI DOH resulting in two multi-year quality improvement contracts awarded through a competitive bid process to Children's Friend and Service and J Arthur Trudeau Center.

Activities: On-site technical assistance to center based programs and family child care (FCC) homes serving children birth – age eight (8) with an emphasis on health and safety, integration of children with special needs, strengthening reciprocal relationship with families and enhancing the social and emotional well being of children in care. As a measure of impact and a guide to improving quality, project staff assess each classroom or FCC home with the appropriate Early Childhood Rating Scale as they enter and exit CCSN's program.

Expected Results: A better understanding of what constitutes quality for the youngest children in care leading to improved practice in programs serving infants and toddlers.

Resource and referral services:

Options for Working Parents - a multi-year public private partnership described in Section 2.3 administered by the Greater Providence Chamber of Commerce.

Activities: Helps parents locate licensed and certified child care that meets their needs; educates families in making child care choices based on quality and shared values without making recommendations about specific child care providers; supports access to the RI DHS CCAP automated web-based enrollment system for providers without internet access; offers all family and provider services in both English and Spanish; maintains an internet web-site with information on child care for families, CC providers, and businesses; maintains pertinent data on licensed and certified child care providers and on child care supply and demand throughout the state and makes this data available to state agencies and the RI Child Indicators Project at RI Kids Count; engages businesses in supporting high quality care for working families; and initiates and supports efforts to increase public awareness about the importance of high quality early care and education and out of school time programs for children and families.

Expected Results: Families educated to make the best child care choices for their children; access to information about regulated child care providers and available openings for all families, especially families participating in RI DHS CCAP; support for CC providers seeking to fill vacancies; access to information about child care capacity and services in Rhode Island; increased interest, knowledge and participation in child care by businesses and business organizations in RI; and increased public awareness about the importance of high quality early care and education and out of school time programs for children and families.

School-age child care:

CHILDSPAN, RI's Child Development and Education Training System – a multi-year quality improvement contract awarded through a competitive bid process to Children's Friend and Service.

School- Age Activities:

School- Age Action Team (in collaboration with the RI School Age Child Care Coalition and the RI After School Plus Alliance): engages community input on improving quality in after school plus programs and on expanding and improving professional development opportunities for practitioners who work with school -age children.

School –Age Accreditation Project – supports and assists licensed school-age programs in providing and achieving excellence in quality through the National After-School Association's (NAA) accreditation process.

School-Age Specialist – a staff person dedicated to advance project goals related to professional development for practitioners working with school-age children and to support collaborations between CHILDSPAN and other projects focusing on quality of school-age care.

Annual School-Age Professional Development Conference

Expected Results: An increase in the number of school-age programs accredited by the NAA; increased collaboration and coordination of professional development activities for practitioners who work with school-age children; an expansion of professional development activities specifically designed for practitioners who work with school-age children; increased competence and skills for individuals working with school-age children in out-of-school time programs throughout the state; and greater retention of staff working with school-age children due to the increased job satisfaction that comes from increased competence.

An interagency agreement with the RI Department of Children, Youth and Families (RI DCYF) to support the Child Care Licensing Unit which provides additional licensing staff and improved technology.

Activities: technical assistance for school-age programs in centers and schools pursuing a school-age license (a RI DCYF license is required for school-age programs to participate in RI DHS CCAP); licensing staff participation on committees and action teams promoting increased quality and capacity of school age programs.

Expected Results: Expansion of licensed school-age capacity particularly in communities where the majority of CCAP assisted families reside; continued quality improvements in school-age program across the state; and increased state agency collaboration in addressing the needs of programs serving school-age children.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 2,750,000 (7.8%)

5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

| | Yes | No |
|---|-------------------------------------|--------------------------|
| • Comprehensive consumer education | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Grants or loans to providers to assist in meeting State and local standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Monitoring compliance with licensing and regulatory requirements | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Professional development, including training, education, and technical assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Improving salaries and other compensation for child care providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Activities in support of early language, literacy, pre-reading, and early math concepts development | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Activities to promote inclusive child care | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2)) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

COMPREHENSIVE CONSUMER EDUCATION

Options for Working Parents (described in Sections 2.3 and 5.1) provides consumer education to parents in various locations throughout the state.

DHS Office of Child Care in collaboration with the department's public information office produces written materials, information available on the internet and an informative video and booklet in English and Spanish for families about choosing quality child care and appropriately accessing and maintaining child care assistance.

EXPECTED RESULTS (for all Comprehensive Consumer Education):

- Families are better informed about the importance of quality care for children's optimal development and have access to information about RI DHS CCAP and the availability of regulated child care to meet their needs;
- Through access and information, families are able to make the best child care choices for their children at each stage of development; and
- RI DHS CCAP participants have increased understanding about eligibility requirements, the processes of application, enrollment with CCAP Approved Providers and recertification and are better able to manage their continuing participation in the program.

GRANTS AND LOANS

RI Child Care Facilities Fund (RI CCFF) - a multi-year public private partnership (described in Sections 2.3 and 5.1) administered by the RI LISC.

EXPECTED RESULTS:

RI CCFF achieves:

- Increased child care capacity for children of all ages especially in underserved communities and particularly for DHS CCAP assisted families;
- An increased capacity to serve infants and toddlers, particularly in under-served communities;
- Expansion of improved, high quality environments for children, families & staff;
- Access to technical expertise of banking, lending and construction industries for child care providers, particularly providers participating in RI DHS CCAP; and
- An improved understanding of the needs of the child care industry by professionals in banking, lending, and construction.

MONITORING

An interagency agreement with **the RI Department of Children, Youth and Families (RI DCYF)** supports the **Child Care Licensing Unit** (described in Section 5.1) which provides additional licensing staff and improved technology including laptop computers for use in the field.

EXPECTED RESULTS:

- CC Licensing staff are better able to appropriately monitor existing programs, assist new applicants in becoming licensed, and respond to complaints regarding potential regulatory violations;
- The number of regulated child care programs in RI increases for all age groups;
- Overall compliance with all aspects of RI CC regulations increases in all programs;
- Aggregate data on compliance with licensing standards is more readily available; and
- The capacity of the DCYF CC Licensing Unit to deal with Spanish speaking providers in their own language is increased.

As part of a management consultation contract awarded through a competitive bid process to Allied Computer Services, Inc (ACS), the Office of Child Care has created a **capacity to certify and monitor programs and networks participating in the RI Comprehensive Child Care Services Program (CCCSP)** (described later in this section).

EXPECTED RESULTS

- Networks and programs participating in the RI CCCSP maintain compliance to the high standards for comprehensive services for children and families established in the CCCSP;
- Aggregate data about positive outcomes for children and families participating in the CCCSP is gathered and maintained; and
- Continuous quality improvement in all aspects of services defined in Certification Standards for Comprehensive Child Care Services Networks is achieved.

PROFESSIONAL DEVELOPMENT (TRAINING, EDUCATION, PROFESSIONAL DEVELOPMENT)

CHILDSPAN, RI's Child Development and Education Training System – a mutli-year quality improvement contract awarded through a competitive bid process to Children's Friend and Service (described in Section 5.1).

CHILDSPAN:

Provides training on many levels to early care and education, school-age and youth care practitioners working with children of all ages through *workshops, conferences, and multi-session training "academies" and interest forums*;

Provides professional development opportunities, materials and activities in both *English and Spanish*;

Supports the recruitment of a *diverse workforce and leadership cadre* in early care and education and school age and youth care;

Provides and supports training for *non-certified providers* approved to accept child care assistance payments;

Houses and circulates an extensive *child care resource collection* including books, videos, educational toys, prop boxes, and other program resources;

Supports *facilitation for accreditation* by the National Association for the Education of Young Children (NAEYC), the National Association for Family Child Care (NAFCC) and NAA (through April 2006 then accreditation facilitation will be reconsidered (with community input) and bid out as a separate project);

Provides *Child Development Associate (CDA) training and scholarships* to support CDA candidates through the credentialing process through April 2007 and then CDA supports will be reconsidered and bid out as a separate project);

Publishes a quarterly *RI Early Childhood Newsletter* featuring timely articles on pertinent themes as well as health and safety updates in English and Spanish;

Provides a centralized *calendar of training and professional development events* for child care providers throughout RI on an internet site; and

Encourages and facilitates community input into the professional development services it develops and offers via an *Advisory Committee and Action Teams* focused on specific activities or areas of interest.

The Child Care Support Network (CCSN) - a collaboration with RI DOH resulting in two mutli-year quality improvement contracts awarded through a competitive bid process to Children's Friend and Service and J. Arthur Trudeau Center (described in Section 5.1).

CCSN:

Provides on-site technical assistance to center based programs and family child care (FCC) homes serving children birth – age eight (8) with an emphasis on overall quality improvement, health and safety, integration of children with special needs, strengthening reciprocal relationship with families and enhancing the social and emotional well being of children in care;

Assists providers in assessing and improving the quality of their programs for children and families; and

Helps programs to achieve goals related to improving communication with families and engaging families actively in the child care program, increasing family knowledge of child development issues in order to support strong parenting and parent advocacy, supporting emotional wellness for child care staff, families, and children, and sustaining successful inclusion of children with special needs and challenging behaviors.

As part of a management consultation contract awarded through a competitive bid process to Allied Computer Services, Inc (ACS), the Office of Child Care has created a capacity to provide targeted training, support and technical assistance to programs and networks participating in the RI Comprehensive Child Care Services Program (CCCSP) (described later in this section).

RI CCCSP technical assistance activities include:

Regularly scheduled facilitated meetings for network staff responsible for specific priority areas (Administration and Community Linkages: Network Managers; Health and Safety: Health Managers; Social Services and family Empowerment: Family Advocates; Early Education: Education Coordinators; Mental Health: Mental Health Consultants;

Nutrition: Nutrition Consultants);

On-site technical assistance in priority areas identified as goals for each network;

Training in curriculum, assessment and other aspects of early education for classroom staff in network programs;

Training in health consultation for Health Managers;

Training in finance and other administrative functions for network managers and Policy Network Council members; and

Information forums with representatives of state agencies and community based organizations offering services and supports for low income families with young children.

The Rhode Island Early Learning Standards (RI ELS) Project – an inter-agency collaboration with RI Department of Education (RIDE) (described in Section 5.2)

RIDE and DHS are continuing to disseminate and implement RI ELS through professional development for providers.

RI ELS now offers three separate professional development courses developed by master teachers with experience in implementing early learning standards in settings for preschool children. Courses are taught by certified RI ELS Training Consultants.

Rhode Island Early Learning Standards Training Level 1: Using the Standards to Support Children's Development : A newly developed five-session series offered in both English and Spanish designed to target professional development for teachers' assistants and Family Child Care providers.

Rhode Island Early Learning Standards Training Level II: Implementing a Standards-Based Program : The 10-session, 2 credit, Early Learning Standards professional

development series designed to target early care and education professionals charged with the education of children in a group setting.

Rhode Island Early Learning Standards Training for Administrators: Using the Standards to Establish Policy and Lead Program-Wide Implementation: The specialized administrators track, a hybrid of the 10-session series (also 2 credits) that focuses on program-wide implementation, policy and management issues, and the dynamics of systemic change.

A minimum of twelve (12) community groups are formed each year to participate in the Rhode Island Early Learning Standards Professional Development Training. The number of early care and education professionals participating in the trainings each year is anticipated as approximately 250. Participation in the courses is free, there is a nominal charge for those earning credits from the University of Rhode Island. Three (3) strands will be offered at least once each year. For program year 2005-2006, Twelve (12) Level II groups, one (1) Administrator's track and six (6) Level I groups (Four (4) in English, two (2) in Spanish) are already planned.

EXPECTED RESULTS (for all Professional Development activities):

- Professionals in every role in early care and education, school-age and youth care programs will increase their understanding of what constitutes quality for children in child care settings leading to *improved practice* in all programs and settings;
- Practitioners who work with children of all ages will be given ample opportunities to participate in *professional development activities that meet their diverse needs*;
- Practitioners will increase their knowledge and skills in every aspect of *child and youth development and learning* needed to support the optimal development and well being of the children they care for;
- Practitioners who work with infant, toddler and preschool children will increase their knowledge and skill in *providing developmentally appropriate environments and activities that promote a secure foundation for each child's rapidly developing aptitude and enthusiasm for learning (school readiness)*;
- Practitioners who work with preschool children will increase their knowledge and skill in implementing curriculum and assessments that are aligned with the *RI Early Learning Standards*;
- Practitioners who work with school-age children and youth will increase their knowledge and skill in providing on-going support for *positive youth development and school success*;
- Practitioners in every role will increase their knowledge and skill in *meeting of the needs of children with disabilities* by creating settings where special needs children are *successfully integrated* with typically developing peers;
- Professionals in every role will increase their ability and skill to be respectful and supportive of *families* as children's first and most important teachers and to engage families in meaningful participation in their child's program;
- Professionals in every role will increase their knowledge and skills in *effective personal and program evaluation* as related to *setting and achieving goals leading to best practice* for children and families;
- Professionals in every role will increase their ability and skill to create programs that *respect and celebrate the diversity* of children, families and staff; and

- Professionals in every role will be given ample opportunities to *forge meaningful connections between community settings and public school settings.*

COMPENSATION

RI DHS funds a market rate survey that is mandated by law to be conducted by the RI Department of Labor and Training every two (2) years. RI law requires that rates paid by DHS in the CCAP for regulated care are established at the 75th percentile of the results reported on these market rate surveys. This has resulted in regular rate increases for regulated providers that are intended to support both improved quality and improved compensation across the child care industry in RI.

RI DHS also supports a health care insurance program for family child care providers and assistance for centers providing health insurance to their employees. This program is supported with state funds and administered by RI DHS.

RI DHS has established a contract with Community College of Rhode Island (Rhode Island's state operated junior college) to administer the RI Child Care Apprenticeship Program initiated with support from a grant to RI DHS from the US Department of Labor, now sustained with CCDF quality funds. The program requires that participating sponsors (child care centers) establish an incremental wage scale that supports increasing compensation for participants who begin as entry level practitioners and progress, through a combination of education and on-the-job training, to the level of classroom teacher.

As part of the HOPE Project which will be awarded through a competitive bid process in late fall 2005, a comprehensive Workforce Study will be conducted to assess the size, demographics and level of professional expertise of the early care and education, school-age, and youth care workforce in Rhode Island and determine how practitioners currently improve practice through professional development. The survey will also assess the wages, benefits, and other work conditions present in the state for child care practitioners. In subsequent years, the department will identify certain indicators of improving workforce qualifications, work conditions and professional development opportunities and track these over time to help assess the effectiveness of quality investments.

EXPECTED RESULTS (for all Compensation activities):

Rhode Island will achieve:

- Increased levels of compensation related to increased qualifications for professionals working in every role in early care and education and child and youth care;
- Reduced turnover in child care settings; and
- A baseline and on-going data set to assess critical indicators of workforce qualifications, workforce retention and improving work conditions and compensation.

EARLY LANGUAGE, LITERACY, PRE-READING, AND NUMERACY DEVELOPMENT

See CHILDSPAN, RI CCCSP Training and Technical Assistance, and RI ELS Project in PROFESSIONAL DEVELOPMENT (above)

INCLUSIVE CHILD CARE

See CHILDSPAN, RI CCCSP Training and Technical Assistance, CCSN and RI ELS Project in PROFESSIONAL DEVELOPMENT (above) and RI CCCSP in OTHER (below)

HEALTHY CHILD CARE AMERICA et al

See CCSN described in Section 5.1 and in PROFESSIONAL DEVELOPMENT (above) RI DHS is an active participant in the HCCA Advisory Committee which is combined with the CCSN Advisory Committee. With RI DOH, RI DHS co-convened and facilitated an Emotional Health in Child Care Sub-committee of HCCA. This sub-committee brought the strategic plan it developed to the work of Successful Start (the RI SECCS grant) which laid the groundwork for the work of strategic goals related to young children's emotional health and the capacity of child care and mental health systems to effectively address young children's needs.

EXPECTED RESULTS

- An increase in the capacity of child care providers in Rhode Island to care for children with challenging behaviors and promote emotional health in young children and their families; and
- Expanded capacity of the mental health professional community to work with children from birth to 6 years of age.

OTHER QUALITY ACTIVITIES

The Rhode Island Comprehensive Child Care Services Network RI CCCSP – administered by RI DHS with support for monitoring and technical assistance (including training and professional development activities) included in a management consultation contract awarded through a competitive bid process to Allied Computer Services, Inc. (ACS).

The purposes of the program are: to expand access to comprehensive services, similar to Head Start services, to low income three (3) and four (4) year old children and their families not served by Head Start; and to increase resources to child care providers serving low income preschoolers to enable the continuous improvement of quality and the development of comprehensive services that support family strengths and children's readiness for Kindergarten. The CCCSP pays enhanced rates to networks certified to deliver a full range of supportive services to eligible children and their families enrolled in regulated center based and family child care programs that are part of the network. These services are available to children who participate in the CCAP and also to families who may not be eligible for the CCAP because the parents are not engaged in approved activity requiring child care assistance. CCCSP ensures quality services in the following priority areas: children's health and program safety; early childhood education; children's mental health and support for children with disabilities; children's nutrition; family education and

empowerment; and community linkages and partnerships. The enhanced funding for these services is supported by CCDF quality funds.

Eligibility for CCCSP services is limited to children between three (3) years of age and entry into Kindergarten in families with income at or below 108% FPL.

EXPECTED RESULTS:

Children participating in the CCCSP will:

- Have a stable medical home, access to health insurance and be up-to date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health;
- Have timely access to diagnostic, treatment and remediation services when any health or developmental problem is observed or detected through regular participation in screening activities;
- Participate in a high quality early education experience that supports all aspects of school readiness;
- Participate in an inclusive preschool program that supports optimal social and emotional development;
- Be supported in a positive transition to Kindergarten; and
- Have access to healthy nutrition at the program and at home.

Families participating in the CCCSP will:

- Be satisfied with the services provided;
- Be actively involved in their child's early education program;
- Have access to a the full range of resources and programs available in their community for child and family support;
- Have access to a range of opportunities to enhance their parenting skills, knowledge and understanding of the developmental and educational needs of their children;
- Be supported in identifying and achieving goals for their family; and
- Be empowered to participate in their child's early care and education program in meaningful ways including involvement in learning activities and taking part in program governance.

Programs participating in the CCCSP will:

Engage in continuous quality improvement to reach the goal of best practice in all priority areas;

Provide outreach to enroll un-served eligible children in these expanded services; and

Have access to specialized training and technical assistance that support the delivery of a full range of high quality comprehensive services for participating children and families.

The Rhode Island Child Care Policy Research Partnership (RI CCPRP)

In 2002, RI DHS was awarded a State Child Care Data and Research grant from the Child Care Bureau in the US DHHS. The RI Child Care Research Policy Partnership was created as a formal collaborative engaging RI DHS Individual and Family Support [IFS] Program and Management of Information Services [MIS] systems staff in partnership with key community stakeholders – parents using child care subsidies, education and training providers, the resource and referral agency, child care providers, other state agencies, advocates, community based organizations, academics and others – in a permanent Child Care Policy Research Group. The Child Care Policy Research Group meets quarterly as a sub-committee of the Advisory Committee on Child Care and Development [ACCCD] at DHS. Through the project we are working to establish and support an internal unit at RI

DHS equipped with the personnel, tools and expertise to retrieve, analyze and communicate data in response to critical questions about access to and quality and affordability of child care (for children birth - sixteen) and early education in RI, particularly in relation to low-income families and children. In collaboration with Ann Witte, Ph.D of the Wellesley Child Care Policy Research Partnership, the project has sponsored a major study using DHS administrative data to answer key questions about the impact of policy changes on parent choice and the dynamics of the subsidy program in each of the it's first two years. In collaboration with RI Kids Count, another partner in the project, we have published two CC Policy "Snapshots" to disseminate Dr. Witte's work to the broader public. We have plans for two more "Snapshots" this year, one disseminating the research from over ten (10) years of Market Rate Surveys and another on Dr. Witte's most recent study. The project sponsored a RI CC Policy Research Forum in collaboration with the Region I ACF annual conference in fall of 2004 and are planning a second, independent forum for 2005.

EXPECTED RESULTS:

The RI CCPRP:

- supports the establishment of readily accessible and reliable data related to children and families in RI DHS CCAP and supports access to reliable data regarding child care capacity and quality from external sources;
- uses real data to assess if the innovative policies and investments RI has implemented on a state level truly support family independence and child success and advance positive outcomes for children and families;
- advances a research agenda addressing family choices and priorities for their children in child care;
- advances a research agenda addressing the quality of child care and early education programs in Rhode Island, expanding and being informed by the participants, to include linkages with other data systems as we strive to link policy and practice with outcomes for children and families; and
- supports an ongoing relationship among all partners to support meaningful synthesis and analysis of research findings and disseminate research results to a wide audience of decision makers, community leaders and the general public.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

☒ Yes, the following entities named in this part are non-governmental:

Name: **RI LISC**

Type: **A non-governmental community/area multi-service agency**

Name: **Allied Computer Services, Inc.**

Type : **a private multi-service contractor**

Name: **Children's Friend and Service**

Type: **A non-governmental community/area social service agency**

Name: **J. Arthur Trudeau Center**

Type: **A non-governmental community/area multi-service agency**

Name: **RI Kids Count**

Type: **A non-governmental state wide policy, advocacy and research organization**

Name: **Wellesley Child Care Research Partnership**

Type: **A non-governmental higher education research collaborative**

☐ No.

5.2 Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 Status of Voluntary Guidelines for Early Learning. Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment** ____.
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 10**.
- ☐ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment** ____.
- ☐ **Other (describe):**

Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.

The RI ELS were already developed when we submitted the 2004-2005 State Plan for Rhode Island which details the development process. Since that time we have transformed the final draft into a permanent eye-catching and user-friendly document available in English and Spanish. The document and supporting materials, including a classroom

poster and Family Fun Pack of information and activities for families, have been widely disseminated across the state. (see Attachment 9)

If developed, are the guidelines aligned with K-12 content standards?

- ☒ Yes. If yes, describe.
☐ No.

Please attach a copy of the guidelines. If the guidelines are available on the web, provide the appropriate Web site address:

The full document is included in Attachment 9.

**The RI ELS are available on the RIDE website at
http://www.ridoe.net/child_family/earlychild/Childstandards.htm**

5.2.2 Domains of Voluntary Guidelines for Early Learning. Do the guidelines address language, literacy, pre-reading, and early math concepts?

- ☒ Yes.
☐ No.

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

- ☒ Yes. If yes, describe.
☐ No.

The eight domains addressed in RI ELS are:

- **Approaches to Learning;**
- **Social and Emotional Development;**
- **Language Development and Communication;**
- **Literacy;**
- **Mathematics;**
- **Science;**
- **Creativity; and**
- **Physical Health and Development**

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

- ☐ Yes. If yes, describe.
☒ No.

5.2.3 Implementation of Voluntary Guidelines for Early Learning. Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in

implementation? Materials developed to support implementation of the guidelines are included as **Attachment 11 (some examples)**.

Implementation of ELS in RI has focused primarily on professional development for child care providers and support for the engagement of families as children's first teachers. The specific professional development opportunities currently available to child care practitioners in the state are described in Section 5.1.4 under PROFESSIONAL DEVELOPMENT. Each course is taught to a cohort of diverse providers, usually from the same community. Though consistency of content delivery by master teacher instructors is a cornerstone of the professional development effort, the instructors have observed that variation across community groups is a factor in individualizing each course offering for the participants. Community groups are encouraged to include diverse provider types in their mix including Head Start agencies, community ECE Centers, public and private preschool programs, Family CC Home providers and family support professionals. Support is provided for bi-lingual providers who choose to participate in Level II courses. Level I was specifically developed to address the needs of less experienced providers and is offered in both English and Spanish. The Spanish course is taught by a highly qualified bi-lingual RI ELS certified trainer consultant.

During this program year (2005-2006) DHS and RIDE intend to transition the administration of the training experiences that have already been developed and standardized to a contractor selected through a competitive bidding process. RIDE will continue to administer those aspects of the ongoing RI ELS project related to developing new professional development experiences and dissemination materials and strategically planning for the future of the project.

- 5.2.4 **Assessment of Voluntary Guidelines for Early Learning.** As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as **Attachment 12**.

Assessment of the RI ELS is an ongoing and vital aspect of the project. Currently the focus of project assessment has been on the effectiveness of the guidelines, the document, and the professional development designed to make the RI ELS come to life in all types of ECE programs – center based classrooms, family child care homes and public school classrooms in particular. As the project moves forward one goal is to improve developmentally appropriate assessment of young children preparing for Kindergarten. The standards were designed to be the basis for both developmentally appropriate curriculum and assessment. As the implementation effort widens and goes to scale, we intend to assess both the impact of standards on program quality and on outcomes for children.

An important goal for the RI ELS Steering Committee at the current time is providing input into the RI QRS effort described in Section 2.3. Participants in the RI QRS Partnership envision successful implementation of RI ELS as a critical quality component in early care and education settings, particularly in creating a Rhode island definition of Pre-Kindergarten, and have asked the RI ELS Steering Committee to propose appropriate criteria and assessment methods to measure curriculum, instruction and child assessments alignment with RI ELS.

5.2.5 State Plans for Professional Development. Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted. The draft is included as **Attachment ____**.
- ☒ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 13**.
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment ____**.
- ☐ **Other (describe):**

Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.

Progress toward realizing HOPE (Rhode Island's Harbor of Opportunities for Professional Development) has been slow. Though the work of the Core Competencies and Career Lattice Task Force was concluded in 2003, a final version of the document has not been completed and issued. Resources to advance the work envisioned in HOPE have not been sufficiently focused to achieve the desired ends.

In an effort to expedite the work of HOPE, DHS issued a Request for Proposals (RFP) in fall 2004 to support HOPE as a separate project focused on "initiating and sustaining the intentional design and implementation of a coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and educated workforce in ECE, SA and youth care programs and guarantee a continuum of accessible, consistent and high quality educational and career options for that workforce throughout Rhode Island. " There were several bidders but the Review Committee did not feel either proposal fully addressed the goals and objectives envisioned in the HOPE RFP and recommended a new competition with a revised and more specific RFP. It is anticipated that a new competition will take place in early fall 2005 and that a successful bidder will launch the project and begin to achieve objectives by the beginning of 2006.

In the interim, the ACCCD at DHS has prioritized certain objectives and recommended that RI move forward on establishing a public-private partnership to support scholarships for ECE and CC practitioners using the T.E.A.C.H. model. Progress is being made toward that end.

| If your State has developed a plan for professional development, does the plan include: | Yes | No |
|--|-------------------------------------|-------------------------------------|
| <p>A link to Early Learning Guidelines</p> <p>Power PT: pp 9-12 Core Competencies & Career Lattice</p> <p>The ongoing PD work of the RI ELS Project (described in Section 5.1.4) provides a model for high quality PD experiences and will be fully integrated into the Core Competencies & Career Lattice in HOPE.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Continuum of training and education to form a career path</p> <p>Power PT: pp 9-12 Core Competencies & Career Lattice</p> <p>11/04 RFP: p 6 Activities #4 & 5</p> <p>A draft of a Core Competencies and Career Lattice has been developed.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Articulation from one type of training to the next</p> <p>Power PT: pp 13-15 PD Opportunities</p> <p>11/04 RFP: p 5, bullet #2; p 6 #2</p> <p>Articulation between CHILDSPAN, RI ELS, University of RI and Community College of RI are being advanced incrementally through a variety of linked and/or collaborative quality initiatives.</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Quality assurance through approval of trainers</p> <p>Power PT: pp 13-15 PD Opportunities</p> <p>11/04 RFP: p 5 bullet # 4; p 6 Activity #6</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Quality assurance through approval of training content</p> <p>Power PT: pp 13-15 PD Opportunities</p> <p>11/04 RFP: p 5 bullet # 4; p 6 Activity #6</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>A system to track practitioners' training</p> <p>Power PT: pp 9-12 Core Competencies & Career Lattice</p> <p>11/04 RFP: p 5 bullet # 5; p 6 Activity #8</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Assessment or evaluation of training effectiveness</p> <p>Power PT: pp 6-8 Survey, Landscape, Evaluation</p> <p>11/04 RFP: p 5 bullet # 9</p> <p>CHILDSPAN currently evaluates the effectiveness of the PD experiences offered through that project through an annual third party evaluation</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)</p> <p>Power PT: pp 9-12 Core Competencies & Career Lattice</p> <p>11/04 RFP: p 5 bullet #5; p 6 Activity # 8</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>Specialized strategies to reach family, friend and neighbor caregivers</p> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

For each No response, indicate whether the Lead Agency intends to incorporate these components.

FFN caregivers; less than 5% of CCAP assisted children are enrolled with FFN providers outside of the regulated child care system. Though HOPE PD opportunities will be available to legal non-certified providers, specialized strategies to reach that provider group are not a current focus.

| Are the opportunities available: | Yes | No |
|--|-------------------------------------|--------------------------|
| Both current and envisioned activities are available: | | |
| Statewide | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Center-based Child Care Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Group Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Family Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To In-Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other (describe): | <input type="checkbox"/> | <input type="checkbox"/> |

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

These are certainly currently addressed in RI ELS PD activity (see Section XX) and in CHILDSPAN PD offerings. The HOPE plan is not sufficiently detailed at this time to specifically address these issues though PD toward increasing competence in advancing school readiness is inherent in the Core Competencies. It is envisioned that more detail on supporting specific areas of PD especially as related to the development of these early skills will be developed by the HOPE Coordinating Council.

Are program or provider-level incentives offered to encourage provider training and education?

- ☐ Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- ☒ No. If no, is there any plan to offer incentives to encourage provider training and education? **Yes**

What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

See:

**Attachment 13 a) Power PT particularly Benchmarks & Outcomes slides and Survey, Landscape & Evaluation Section; and
Attachment 13 b) 11/04 RFP, p 4 & 5 Results**

PART 6
HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

☐
☒

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. Describe which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

DHS CCAP Approved Summer Camp programs operated during school summer vacation are not subject to RI DCYF licensing rules. (See definitions of RI DHS CCAP approved provider types in Attachment 4) Currently only 4 unregulated Summer Camps are approved in the CCAP and less than 10 CCAP assisted children attended those programs in 2004.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

☐
☒

Yes, and the changes are as follows:

☒

No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

The prevention and control of infectious disease (including age-appropriate immunizations)

All Summer Camps are required to certify that all children have had their immunizations according to RI Department of Health (DOH) standards.

- Building and physical premises safety

All Summer Camp programs have to meet all appropriate building and physical safety as dictated by state law. They must certify that they will notify DHS of any adverse actions that affect the operation of their program.

Health and safety training

All Summer Camps are required to adhere to all RI DOH regulations.

6.2 Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☒ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
☐ No. Describe which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes, and the changes are as follows:

☒ No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

6.3 Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.
☒ No. Describe which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

DHS CCAP Approved Legal Non-certified Providers are not subject to RI DCYF licensing rules. Under RI DHS CCAP rules this term refers to non-certified care provided in the provider's residence (commonly referred to as kith and kin care) as well as care provided in the child's home. (See definitions of RI DHS CCAP approved provider types in Attachment 7) The health and safety requirements are consistent for both circumstances. Currently approximately 5% of all children in RI DHS CCAP are enrolled with non-certified providers.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes, and the changes are as follows:

☒ No.*

***Revisions by RI DCYF are in process but no targeted date of final approval and implementation has been established. After a period of community review and revision of current standards, revised FCC Home standards have been proposed and remain under RI DCYF internal review.**

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

All non-certified providers must certify that the children in their care have had the appropriate immunizations for their age according to their DOH recommendations unless parents object to immunization or immunization is contraindicated due to a medical condition.

Non-certified providers must have a plan for medical emergencies including a method to notify parents of an injury requiring emergency treatment. Moreover, these providers

must have written parental authorization for emergency medical treatment of the child(ren) in a hospital and for administration of medication.

Non-certified providers must also notify parent(s) whenever a contagious disease has been introduced into their home.

- Building and physical premises safety

All non-certified providers must attest to the fact that they have an evacuation plan with escape routes from all floors for the children in their care.

All non-certified providers must have a working telephone on the premises.

- Health and safety training

All non-certified providers must certify that they are free from any physical, mental and/or emotional condition that would endanger children or interfere with their ability to care for children. If a non-certified provider is the recipient of disability benefits, a physician must verify that they are free from any physical, mental and/or emotional condition that would endanger children or interfere with their ability to care for children. They must also attest that there is an emergency first aid kit on the premises. All non-certified providers are given a brochure outlining health and safety guidelines in providing child care and are required to sign a set of health and safety assurances that are again outlined in mandatory RI DHS CCAP introductory training sessions. All non-certified providers must attend 3 hours of training related to children's development or children's health and safety annually for continuing approval.

6.4 Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

- ☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.
- ☒ No. Describe which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

RI child care regulations do not cover any in-home providers, thus all are technically exempt under state law.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes, and the changes are as follows:
- ☒ No.

- 6.4.2 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

See Section 6.3.3 RI DHS has established the same rules for all legal non-certified providers regardless of where care is provided.

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))
Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☒ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

The staff-child ratio for legal non-certified relative providers is capped at six (6) children instead of three (3) as is the limit for legal non-certified non-relative providers.

Relative caregivers reimbursed for services by RI DHS CCAP are subject to the rules that govern their status in the program – some are RI DCYF certified providers also approved for reimbursement by RI DHS CCAP, others are RI DHS CCAP legal non-certified providers subject to RI DHS rules only.

6.6 Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
☒ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:

Regulated providers are subject to unannounced visits by RI DCYF in accordance with that department's policies.

All CCAP approved providers are informed that DHS reserves the right to make unannounced visits at any time. DHS staff does not regularly visit providers but if there is a complaint or concern regarding health and safety requirements, or compliance with CCAP policies, RI DHS staff does sometimes make unannounced visits to both regulated and un-regulated providers.

☐ No.

- Are child care providers subject to background checks?
☒ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

All providers are subject to background checks.

Regulated providers must pass clearances at the time of application – in center-based programs all staff must pass clearances before starting employment.

Legal non-certified providers and all household members above 18 years must pass clearances every two years for continued approval.

☐ No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
☒ Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable):

See Attachment 14 for RI DCYF regulations related to serious injuries

☐ No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations

incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7.)

7.1 Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.2 Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.3 Health and Safety Requirements for Family Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- ☐ Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:
- ☐ No.

Are child care providers subject to background checks?

- ☐ Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
- ☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- ☐ Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable):
- ☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) - **Attending is defined as participation in an approved employment or training component of a Family Independence Program Employment Plan. FIP participants must be engaged in training and education or work or a combination of training and education and work for a minimum of 30 hours per week to qualify for child care assistance. Verification of attendance in an approved job training or education program is required for ongoing eligibility for FIP/CCAP.**

- *in loco parentis* – **When the relative with whom the child lives is not the biological or adoptive parent, the term loco parentis (in place of the parent) is used. Spouses of any of the persons in the listed groups meet the relationship requirement and continue to meet it even after the marriage is terminated by death or divorce. A child meets this eligibility factor if his/her home is with any of the following relatives:**

**father, adoptive father, mother, adoptive mother;
stepfather, stepmother (but not the parent of either);
grandfather, great grandfather, great-great grandfather, great-great-great grandfather;
grandmother, great grandmother, great-great grandmother, great-great-great grandmother;
adoptive grandparent if the grandchild is the natural child of a parent who was adoptive, or if the grandchild is the adopted child of a parent who was the natural child of the grandparent;
brother, half brother, adoptive brother, stepbrother, sister, half sister, adoptive sister, stepsister;
uncle, great uncle, great-great uncle, aunt, great aunt, great-great aunt (including uncle or aunt of whole or half blood);
nephew, great nephew, great-great nephew, niece, great niece, great-great niece (including nephew or niece of whole or half blood); or
first cousin (including first cousin of whole or half blood), first cousin once removed.**

- *job training and educational program* – **Job training and educational programs are defined as those activities that may be approved to be included in an individual's employment plan under the Family Independence Program (FIP/TANF).**

- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – **A documented neuro-physiological, psychological or emotional disorder, physical impairment, or serious health condition. that a clinical or medical professional attests renders the child incapable of self-care.**

- *protective services* –

NA: CCDF funds are not used in RI DHS CCAP for care provided to children in protective services

- *residing with* –

Residing with is defined as the usual home of the child.

- *special needs child* –

NA :RI DHS CCAP has not established differential payment rates for children with disabilities. As the entitlement requires that all eligible children receive CC assistance, priority for children with disabilities has not been established.

- *very low income* –

Working families whose gross countable income is at or under one hundred percent (100%) of the Federal Poverty Income Level (FPL) for their family size are considered very low income and do not have a co-payment obligation.

- *working* (include minimum hours if applicable) –

Working is defined as being employed at least twenty (20) hours or more per week earning the greater of the state or federal minimum wage.

- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

RI DHS CCAP benefits may be provided due to the incapacity of either the parent or child under Short-term Special Approval Child Care (SSACC). Authorization for SSACC is limited to periods of three (3) months duration and no more than two (2) periods may be authorized in any twelve (12) consecutive months.

For purposes of SSACC “incapacity” is defined as a serious health condition that constitutes a temporary “special” need for services

For child-based incapacity, documented evidence must be provided from a qualified licensed health care practitioner, program, facility or responsible government authority that the child has a behavioral or mental disorder, physical disability, serious health condition, learning disability, or hearing, speech or visual impairment that: a) is not currently being treated or accommodated either because access to an appropriate program that meets the child's special needs has been denied, delayed, or is unavailable (FIP families only) ; or b) constitutes a need for uninterrupted service which is not currently available from any resource other than the CCAP (FIP and income eligible families).

For parent-based incapacity, the applicant must provide documented evidence from a qualified licensed health care practitioner, program, facility or responsible government authority indicating that the disorder or impairment of the parent poses a serious barrier to appropriate routine child care activities and that the health condition of the parent

temporarily prohibits both employment or participation in approved activities and routine child care activities necessary to maintain the health and well being of the child.

A child of a teen parent is defined as a child whose parent is under the age of twenty (20) years of age. Teen parents who want to complete their high school education are eligible for CCAP as long as they are participating in an Adolescent Self Sufficiency Collaborative (ASSC) and attending high school or a GED program. The ASSC provides social services, parental education and support to the adolescent while s/he completes her/his education. Participation in the ASSC constitutes the approved activity requirement under need for services for FIP and income eligible recipients of CCAP benefits. All other criteria under need for services must be met in order for CC assistance to be approved.

ATTACHMENTS

- | | |
|---|----------------------|
| 1. Plan for Early Childhood Program Coordination | Section 2.1.2 |
| a. Rhode Island Children's Cabinet | |
| b. Advisory Committee on Child Care & Development at DHS | |
| c. Successful Start (RI SECCS Strategic Plan) | |

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|---------------------------------------|----------------------|
| 3. CCAP Child Care Certificate | Section 3.1.1 |
|---------------------------------------|----------------------|

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| 4. CCAP Provider Types | Section 3.1.1 |
|-------------------------------|----------------------|

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| 5. RI DHS Starting Right CCAP Established Maximum Rate Schedule | Section 3.2 |
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- | | |
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| 6. Statewide Survey of Child Care Costs in Rhode Island* | Section 3.2 |
| a. 2002 | |
| b. 2004 | |

** these can be found on the DHS website under 'Research and Evaluation' – Child Care*

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| 7. RI DHS CCAP Financial Unit, Countable and Excluded Income definitions | Section 3.3.2 |
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| 8. RI DHS CCAP Family Cost Sharing Tables 4/2005 | Section 3.5.1 |
|---|----------------------|

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|--|--------------------|
| 9. DHS Code of RI Rules Section 0805.03 | Section 4.4 |
|--|--------------------|

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| 10. Rhode Island Early Learning Standards (RI ELS)* | Section 5.2.1 |
|--|----------------------|

**these can be found at the RIDE website at
http://www.ridoe.net/child_family/earlychild/Childstandards.htm*

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|---|----------------------|
| 13. Rhode Island's Professional Development Plan: HOPE | Section 5.2.2 |
| a. Power PT: HOPE for tomorrow | |
| b. Excerpts from November 2004 HOPE RFP | |

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|--|--------------------|
| 14. RI DCYF: Regulations regarding the reporting of serious injuries for children in regulated child care | Section 6.6 |
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Any Attachments not included here may be obtained in hard copy by contacting the DHS Child Care Administrator at rmurphy@dhs.ri.gov

Attachment 1a Section 2.1.2 Early Childhood Program Coordination

Rhode Island Children's Cabinet

The Rhode Island Children's Cabinet comprised of Directors and senior staff of RI DHS, RI DCYF, RIDE, RI DOH, RI DLT, RI Department of Administration, and RI Department of Mental Health, Retardation and Hospitals, as well as the Commissioner of Higher Education, and senior staff from the Office of the Governor has responsibility to coordinate all programs related to children in the state.

The intent of the Children's Cabinet is to foster cooperative state efforts to address the needs of children and families in an integrated and effective way. It functions as an information exchange and collaborative planning forum among state departments, private service agencies and the public.

The Children's Cabinet is committed to achieving four broad outcomes for Rhode Island's children and families:

- **All children will enter school ready to learn.**
- **All children will leave school ready to lead productive lives.**
- **All children and youth will be safe in their homes, schools, and neighborhoods.**
- **All families will be economically self-sufficient yet interdependent.**

The Advisory Committee on Child Care and Development at DHS (See Attachment 1b) provides a working group addressing coordination of a variety of early childhood programs seeking to advance and achieve the first goal.

Attachment 1b Section 2.1.2 Early Childhood Program Coordination

Advisory Committee on Child Care and Development at DHS

In December 2001 Rhode Island Department of Human Services (RI DHS) convened the permanent Advisory Committee on Child Care and Development at DHS (ACCCD) as an opportunity for families, child care providers, representatives from agencies of the Children's Cabinet and other interested community members to come together regularly to discuss the evolving child care and early education system taking shape in RI.

The goals of the ACCCD at DHS are:

- ⓐ *to provide a forum for sharing information both from the department to members of the community and from members of the community to the department and one another – particularly information relating to child care for children from birth to 16, early education and child development;*
- ⓐ *to provide an opportunity for parents, providers and other community members to talk to one another and DHS about programs and initiatives in the department, particularly about the Starting RIght Child Care Assistance Program (CCAP) and Child Care Quality Initiatives;*
- ⓐ *to present program and policy proposals regarding the DHS Starting RIght Child Care Assistance Program (CCAP) for public comment and input; and*
- ⓐ *to support ongoing planning that is both collaborative and strategic for the future of child care and early education, CCAP, and related quality initiatives in RI.*

1.1 The ACCCD at DHS meets regularly at least ten times annually in a central location.

The ACCCD currently includes tow active sub-committees: the Systems Solutions Sub-Committee which deals with DHS CCAP policies, practices and systems; and the RI Child Care Policy Research Group which addresses research questions and analyses related to ECE and CC in RI.

Membership in the ACCCD at DHS is open and voluntary. Current members include representatives from: parents participating in the DHS CCAP; Center Based child care providers; Family Child Care Home providers; Family Child Care Homes of RI; RI Association for the Education of Young Children; RI Child Care Directors Association; RI School Age Child Care Coalition; Head Start; RI Permanent Legislative Commission on Child Care; RI Kids Count; RI Public Policy Coalition; The Poverty Institute at Rhode Island College [RIC]; Community College of RI [CCRI]; Child Opportunity Zones; RI Departments of Human Services [DHS], Health [DOH], Children Youth and Families [DCYF], and Education [RIDE]; RI Office of the Child Advocate; RI Comprehensive Child Care Services Program [CCCSP]; RI Child Care Facilities Fund; CHILDSPAN; Options for Working Parents; Child Care Support Network; RI Parents Information Network; United Way of Southeastern New England; University of Rhode Island ; Schmidt Labor Research Center at URI; Health, Education and Leadership for Providence [HELP]; RI Diocese of Providence, Office of Youth Ministry; The Providence Center; and Community Matters.

The Community Chairperson of the ACCCD at DHS is Elizabeth Burke Bryant, the Executive Director of Rhode Island Kids Count. The staff person responsible for the committee at DHS is Reeva Sullivan Murphy, DHS Child Care Administrator.

Attachment 1c Section 2.1.2 Early Childhood Program Coordination

**Successful Start
Objectives & Strategies**

May 2005

Cross-Sector Objectives & Strategies

All families will be supported in promoting children's healthy development through access to universally available, high-quality parenting and early childhood information, services, and supports.

First Steps for Action

- Use child care providers as a primary access point for providing information and access to parenting education and family supports.
- Provide information to parents prenatally and immediately post-partum about child development and how to access appropriate services.

Subsequent Steps

- Expand the capacity of evidence-based parent education programs (e.g. Parents as Teachers, HIPPY, programs within family support centers).
- Develop workshops for parents about early childhood health and development and parenting and offer them in settings easily accessible to parents.
- Develop a multilingual website and newsletter to offer tips, articles, and online workshops for parents of young children.

All young children and families identified as at-risk for poor developmental outcomes will be linked to appropriate and effective intensive, comprehensive services.

First Steps for Action

- Develop protocols to refer children ages birth to three with substantiated child welfare cases to Early Intervention.
- Expand Early Head Start (or other comprehensive, intensive, evidence-based) programs by developing a sustainable public-private funding stream.

Subsequent Steps

- Work with state departments to develop data sources and other mechanisms to identify the universe of at-risk pregnant women, children, and families.

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

- Provide comprehensive, intensive services for all teen parents to promote healthy child development and decrease repeat births to teens.

Increase the capacity and ability of all early childhood service providers to support the healthy social-emotional development of young children and families.

First Steps for Action

- Support ways for behavioral health specialists to provide consultation and direct services in natural settings, including primary care, child care, and parenting and family support programs.
- Expand and support the use of evidence-based tools and models in child care to build social-emotional protective factors in children.
- Develop and offer multi-disciplinary professional development opportunities focused on early childhood social-emotional development including workshops, in-service training, online classes, and conferences.

Subsequent Steps

- Increase the capacity of early childhood and family service providers to address parent and family behavioral health issues, either through on-site treatment or referral to services.
- Incorporate social-emotional development into higher education curriculum for child care providers, pediatricians, and other service providers.

Implement quality developmental screening for all children ages birth to five and develop mechanisms and procedures to refer children to appropriate and effective services.

First Steps for Action

- Expand developmental screening for young children in natural settings.
- Increase the number of three and four year-olds receiving comprehensive screening through Child Outreach.

Subsequent Steps

- Refer children with positive screening results for further assessment, treatment, and other services as necessary.

Develop commonly agreed upon definitions of quality services for early care and education, medical homes, parent education and family support, and early childhood mental health. Develop and implement quality standards and performance measures for each of these areas and use these for licensure, regulation, and recognition purposes.

First Steps for Action

- Develop and implement a statewide child care quality rating system.

Subsequent Steps

- Develop and implement quality standards and performance measures for medical homes, parenting and family support, and social-emotional development
- Develop mechanisms to obtain outcome data from programs serving young children. Use this data to set benchmarks and track progress over time.

Early childhood and family services will be part of a streamlined and coordinated early childhood system that allows parents and families to access a range of services through multiple points of entry.

First Steps for Action

- Promote service delivery models that build inter-agency partnerships and include co-location of services (e.g. best practice family resource center models).
- Improve collaboration among child care providers, Early Intervention, school districts, and health care providers.

Subsequent Steps

- Align eligibility criteria for state programs where possible.
- Align funding streams to agencies to create flexible funding.

Educate families, communities, and policymakers about the importance of the early childhood years to build public and political will for accessible and effective early childhood services.

First Steps for Action

- Communicate Successful Start vision and mission to communities and policymakers.

Subsequent Steps

- Convene small group meetings with legislators and other officials to discuss the issues of working families and the costs and supports necessary to sustain work.
- Encourage foundations and other funders to invest in advocacy, coalition building, and engaging parents as leaders.
- Develop materials and fact sheets for consumers to advocate for increased resources and legislation.
- Incorporate research on early childhood and economic development into communications and advocacy.

Early Care & Education Objectives & Strategies

Expand training and higher education opportunities for child care providers on key early childhood issues including: children's behavioral health, infant-toddler care, the inclusion of children with special health care needs, and service coordination.

First Steps for Action

- Address barriers to higher education and ensure that coursework incorporates evidence-based practices and meets the education needs of providers.
- Develop a higher education scholarship program for early care and education providers.

All children with challenging behaviors will have access to quality early care and education.

First Steps for Action

- Develop and implement a consultation model for child care providers that includes health, behavioral health, and social services and offers various levels of support including on-site services and referrals.
- Expand the capacity of Connect-RI (formerly TCYC).

Medical Homes Objectives & Strategies

Increase the number of pediatric primary care practices that incorporate the seven medical home core components (care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally-effective).

First Steps for Action

- Promote the use of parent consultants in primary care offices to assist families in accessing and navigating medical and non-medical services and supports.
- Provide training to primary care providers about incorporating child development and anticipatory guidance into well-child visits.

Subsequent Steps

- Offer training and support to providers around maximizing funding/reimbursement for medical home-type services.

Ensure adequate capacity of medical specialty providers so that care is accessible and timely.

First Steps for Action

- Support the work of existing early childhood oral health access and disease prevention programs.
- Build relationships between primary care providers and early childhood mental health experts to facilitate and streamline the referral process.

Parent Education & Family Support Objective and Strategies

Expand the capacity of community-based parenting and family support programs that provide direct services to families and link them to other resources

First Steps for Action

- Develop a statewide family support infrastructure and develop shared mission/vision for family support services.
 - Work with Family Support America to define family support and assess capacity at various levels of intensity.
 - Develop and support outreach activities that build on family strengths, use peer-to-peer-models, and increase families' capacity to self-advocate.
-

Social-Emotional Development Objectives

Increase the supply and ability of behavioral health professionals to support the healthy social-emotional development of young children

Strategies under development

Recommend essential social-emotional development training curricula for professionals working with and treating young children and families

Strategies under development

Attachment 3 Section 3.1.1 Certificate Payment System

PAWTUCKET CHILD CARE Office
24 COMMERCE STREET
PAWTUCKET RI 02860

If you have any questions about this notice,
call CHILD CARE WORKER at 401-728-2000

JANE Q PUBLIC

600 NEW LONDON AVENUE
CRANSTON, RI 02920

March 17, 2005

***** CHILD CARE CERTIFICATE *****

Certificate Period: March 16, 2005 to September 20, 2005

Name: JANE Q PUBLIC Certificate Number: 123456

CHILD(REN)
JOHN PUBLIC
JUDY PUBLIC

INSTRUCTIONS

This Certificate is your proof that the above named child(ren) have been approved for the DHS Child Care Assistance Program.

Your child care provider needs the CERTIFICATE NUMBER to enroll your child and may copy this Certificate for their records.

Your Notice of Approval tells you the exact eligibility period for each child. This may be different than the Certificate Period listed above.

KEEP THIS CERTIFICATE. You will need it when you change providers or call us regarding your case.

Attachment 4 Section 3.1.1 Certificate Payment System

CCAP Approved Provider Types

RI DHS CCAP approves five different types of child care providers. Families choose the type of provider and the particular provider which best meets their needs. Different types of providers are reimbursed at rates established by DHS for each provider type.

The five approved categories are:

- ☺ DCYF Licensed Centers - this includes all types of centers as well as licensed school age programs in schools and centers
- ☺ DCYF Certified Family Child Care Homes - this includes Family Child Care Homes and Group Family Homes
- ☺ Legal, Non-certified Providers - this includes relatives or neighbors not certified by DCYF who pass clearance checks with the DCYF CANTS system and the Attorney General's Office. Families may arrange for approved non-certified providers to provide care in the child's home or in the providers' home. Non-certified providers are not allowed to care for more 3 children that are not related to the provider. If all children in care are related to the provider DHS will pay up to 6 children but no more than 6. Relationships must be proved as part of the application process if more than 3 children will be enrolled with a non-certified provider. Non-certified providers must make certain health and safety assurances to the department and are required to participate in some training each year
- ☺ Nursery Schools -this includes programs licensed only by the Department of Education as part day programs
- ☺ Summer Camps - this includes summer programs operated by approved providers but not specifically licensed or certified by DCYF as child care facilities.

Attachment 5 Section 3.2 Payment Rates Effective January 4, 2004



DHS Starting Right Child Care Assistance Program (CCAP)
Established Schedule of Maximum Weekly Rates

RI Department of Children, Youth, and Families (DCYF)
Licensed Centers, School Age Programs, Family Group Day Care Homes, and
Certified Family Child Care Homes

| INFANT/TODDLER Care | | | | | | |
|--|--|-----------------------------|------------------|---------------------|----------------------|---------------------|
| Children 1 week <i>up to</i> 3 years of age | | | | | | |
| Time Authorized & Enrolled ⇨ Provider Type ↓ | Full Time (FT/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) | | |
| DCYF Licensed Centers | \$182 | \$137 | \$91 | \$45 | | |
| DCYF Certified Family Child Care Homes | \$150 | \$112 | \$75 | \$37 | | |
| PRESCHOOL Care | | | | | | |
| Children 3 years <i>up to</i> entry to 1 st grade (this includes ALL Kindergarten children) | | | | | | |
| Time Authorized & Enrolled ⇨ Provider Type ↓ | Full Time (FT/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) | | |
| DCYF Licensed Centers | \$150 | \$112 | \$75 | \$37 | | |
| DCYF Certified Family Child Care Homes | \$150 | \$112 | \$75 | \$37 | | |
| SCHOOL AGE Care | | | | | | |
| Children 1 st grade <i>up to</i> 13 years of age | | | | | | |
| YOUTH Care | | | | | | |
| Youth 13 <i>up to</i> 16 years of age | | | | | | |
| <i>only DCYF Regulated provider types may be paid for YOUTH Care</i> | | | | | | |
| Time Authorized & Enrolled ⇨ Provider Type ↓ | Full Time (FT/1) Summer/School Vacations (S/SV/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) | Before School (AM/3) | After School (PM/2) |
| DCYF Licensed Centers | \$135 | \$101 | \$67 | \$33 | \$50 | \$85 |
| DCYF Certified Family Child Care Homes | \$135 | \$101 | \$67 | \$33 | \$55 | \$80 |

Legal Non-certified Providers and Summer Camps

| INFANT/TODDLER Care Children 1 week <i>up to</i> 3 years of age | | | | |
|---|------------------|-----------------------------|------------------|---------------------|
| Time Authorized & Enrolled \Rightarrow Care Type \Downarrow | Full Time (FT/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) |
| Non-certified (NC) in Provider's Home | \$81 | \$60 | \$40 | \$20 |
| Non-certified (NC) in Child's Home | \$74 | \$55 | \$37 | \$18 |

| PRESCHOOL Care Children 3 years <i>up to</i> entry to 1 st grade | | | | |
|---|------------------|-----------------------------|------------------|---------------------|
| Time Authorized & Enrolled \Rightarrow Care Type \Downarrow | Full Time (FT/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) |
| Non-certified (NC) in Provider's Home | \$54 | \$40 | \$27 | \$13 |
| Non-certified (NC) in Child's Home | \$50 | \$37 | \$25 | \$12 |

| SCHOOL AGE Care Children 1 st grade <i>up to</i> 13 years of age <i>Non-certified provider types may NOT be paid for YOUTH Care</i> | | | | | | |
|---|--|---|------------------|---------------------|----------------------|---------------------|
| Time Authorized & Enrolled \Rightarrow Provider Type \Downarrow | Full Time (FT/1) Summer/School Vacations (S/SV/1) | Three Quarter Time (3 QT/5) | Half Time (HT/2) | Quarter Time (QT/4) | Before School (AM/3) | After School (PM/2) |
| Non-certified (NC) in Provider's Home | \$53 | \$39 | \$26 | \$13 | \$18 | \$26 |
| Non-certified (NC) in Child's Home | \$49 | \$36 | \$24 | \$12 | \$17 | \$24 |
| Summer Camps (SC) | \$43 | These programs approved ONLY for FT care for School Age children during ten weeks of summer vacation. Other rate categories do not apply. | | | | |

Attachment 7 Section 3.2.2 “Income”

**RI DHS CCAP: Definitions: Financial Unit, Countable Income, Excluded Income
From CCAP regulations in DHS Code of Rhode Island Rules, Amended January 4, 2004**

Financial unit means the dependent children, including both applicant and non-applicant child(ren), and the parent(s) and the legal spouse(s) of the parent(s) who live with them in the same household. The financial unit may also include applicant children that DHS has determined, upon verification, to be a relative of acceptable degree to the parent(s) requesting CCAP authorized services. The financial unit determines family size for the purposes of determining income.

Income means any money, goods or services available to the financial unit used to calculate eligibility for the CCAP. For the purposes of the CCAP, countable income includes, but is not limited to, any of the following:

- Monetary compensation for services, including wages, salary, commissions or fees;
- Income from self-employment;
- Social Security Disability/Death Benefits (RSDI);
- Supplemental Security Income (SSI);
- Dividends or interest on savings or bonds or income from estates or trusts;
- Rental Income;
- Public assistance or FIP cash assistance payments;
- Unemployment compensation, including Temporary Disability insurance (TDI) and workers compensation;
- Government civilian employee or military retirement;
- Cash payouts for waiving employer sponsored health insurance;
- Private pensions or annuities;
- Adoption subsidies;
- Alimony or child support payments;
- Regular contributions from persons not living in the household;
- Royalties;
- Room and board income

- Strike Benefits
- VA Compensation Payments
- VA Educational Benefits
- In-Kind Assistance
- Alien Sponsor Income

Excluded income means certain money, goods or services that are not considered countable for the purposes of determining whether a family meets the requirements for CCAP income eligibility.

Excluded income includes, but is not limited to, the following:

- The value of U.S. Department of Agriculture donated foods;
- Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- Any grant or loan for an undergraduate student for educational purposes made or insured under any programs administered by the U.S. Commissioner of Education;
- Payments distributed per capita to, or held in trust for, members of any Indian tribe under Public law 92-254, Public Law 93-134 or Public Law 94-540;
- Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended;
- Payments for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973;
- The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150);
- Payments of Experimental Housing Allowance Program made under Annual Contributions Contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended;
- Receipts distributed to members of certain Indian tribes which are referred to in Section 5 of Public Law 94-114 that became effective October 17, 1975;

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- Tax exempt portions of payments made pursuant to the Alaska Native Claims Settlement Act, Public Law 93-203;
- Foster care payments made by the Rhode Island Department for Children, Youth and Families;
- The value of food stamp benefits;
- The value of government rent or housing subsidies;
- Income from college work study programs;
- The earned income of a dependent child who is included in the financial unit; (note in procedures this would be income from RBIN, JINC RINC and self employment's BUSI and DINC);
- For six (6) months per calendar year, a dependent child's earned income derived from a Workforce Investment Act (WIA) program;
- A transportation allowance paid under the auspices of a work or training program, such as Job Search, or a WIA program;
- In accordance with PL 100-485, the refund of taxes under the earned income tax credit (EITC), or the advance payment of the EITC;
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs;
- Monies received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program;
- The income of the parents with whom a teen parent(s) resides;
- Veterans Aid and Attendant Allowance

Attachment 8 Section 3.5 Sliding Fee Scale Effective April 2005
Rhode Island Department of Human Services
Starting RIght Child Care Assistance Program [CCAP]

Family Income and Co-Payment Guidelines

| Income Level | Percent of Income Assigned as Co-payment | Family Size 2 | Family Size 3 | Family Size 4 | Family Size 5 |
|--------------|--|---------------|---------------|---------------|---------------|
| 0 | 0 | \$12,830 | \$16,090 | \$18,350 | \$22,610 |
| 1 | 1% | \$16,038 | \$20,113 | \$24,188 | \$28,263 |
| 2 | 4% | \$19,245 | \$24,135 | \$29,025 | \$33,915 |
| 3 | 6% | \$23,736 | \$29,767 | \$35,798 | \$41,829 |
| 4 | 10% | \$25,660 | \$32,180 | \$38,700 | \$45,220 |
| 5 | 14% | \$28,868 | \$36,203 | \$43,538 | \$50,873 |

- **Family Size** = all the children and all of their parents and all spouses of children's parents living in the same household.
- **The amount of money shown in each Income Level is the maximum amount of gross annual income a family can earn in that level.**
- The **Percent of Income** assigned at each level is applied against the gross annual income then divided by fifty two (52 weeks) to determine the co-payment the family is expected to pay each week.
- The **co-payment is assigned to the youngest child enrolled in care.** DHS subtracts the assigned family co-payment from the full rate for that child when making payments. If the co-payment exceeds the rate paid for one child, the remainder of the family's share is assigned to the next oldest child enrolled.
- If family income or family size changes, the family co-payment is re-calculated.
- The family is expected to make the same weekly co-payment to the designated provider regardless of the number of children or the amount of time enrolled.

**Income Levels for Family Size up to 12 are included in DHS CCAP Regulations available on DHS website.*

Attachment 9 section 4.4 Criteria or definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

From DHS Code of Rhode Island Rules, Starting Right Child Care Assistance Program (CCAP)

0850.03 CHILD CARE CENTRAL PROVIDER DIRECTORY

REV:08/2004

The Department of Human Services shall only make payment only for CCAP authorized child care services when rendered by DHS CCAP approved child care providers. To obtain approval, child care providers shall meet the minimum requirements set forth in this section, including entering into an agreement with DHS that fulfills the requirements set forth in this subrule. Providers that have obtained DHS approved status are listed in the CCAP Central Provider Directory (CPD) maintained by the Office of Child Care (OCC). The OCC established the CPD to serve as the single point of entry for all providers seeking approval to participate in the CCAP, receive payment for authorized child care, and gain access to DHS subsidized health insurance coverage and other programs administered by DHS.

A provider may begin to provide authorized services to CCAP eligible children during the week that an application for the CCAP approval has been submitted to the OCC. However, DHS shall only make payment for such services when, and on the condition that, the provider is granted CCAP approved status, completes the introductory training, and enrollment and reporting activities specified in this rule.

1.1.1.1 0850.03.01 Definitions

REV:08/2004

For the purposes of this section, the terms below have the following meaning:

"Approved Non-certified Child Care Provider" means any individual rendering child care in the home of the child or the provider, who has been successfully screened by the department in accordance with the requirements set forth in Section 0850.03.03 of this subrule and determined eligible to participate in the CCAP, listed in the CPD, and receive payment for allowable child care expenses. Non-certified providers are not required under applicable State laws (R.I.G.L.42-72.1 et.seq.) to obtain licensure or a certificate of registration from the Rhode Island Department of Children, Youth and Families, but must meet the capacity requirements as specified in Section 0850.02.08(3).

"Approved Nursery School" means a program for preschool age children approved by the Rhode Island Department of Education.

"Allowable child care expense" means the total cost of CCAP authorized child care services paid by DHS to an approved provider after deducting the amount the family is required to pay the provider as its share of the cost (or family share) for authorized services.

"CCAP Approved Provider Agreement (APA)" means the agreement that all CCAP approved providers must sign with DHSS that establishes the respective responsibilities and obligations of both the Department and the provider.

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"CCAP Approved Provider Introductory Training" means the introductory training session(s) about the CCAP, conducted by the Office of Child Care (OCC) and that approved providers must complete in order to receive DHS reimbursement of allowable child care expenses.

"CCAP Approved Provider Rate Report (APRR)" means the report that providers must complete and submit to the OCC to gain or maintain approved provider status. The APRR requires providers to specify the actual rate they charge for child care services rendered to non-CCAP subsidized families. As part of this report, providers are also required to submit their published rate schedule for all payers other than DHS/CCAP. The APA shall include the Approved Provider Rate Report (APRR) and this report will be incorporated into the agreement.

"Center-based Child Care Program" means a facility operated on a regular basis which receives children, not of common parentage, and provides non-residential care in a location separate from the children's parents during the day.

"Child Care Facility" means any facility that provides child care, including a center-based program or family child care home, that is licensed or certified by the Rhode Island Department of Children, Youth and Families (DCYF). The term includes facilities that have programs such as: nursery school, preschool, pre-kindergarten, child play school, before or after school care, or child development center and applies to the total child care operation, including the physical setting, administration, staff, equipment, program, and care of children.

"DHS Authorized Payment Rate for Providers" means the rate that DHS CCAP pays approved providers for CCAP authorized child care services. The DHS authorized payment rate for each provider is either the actual rate the provider charges for child care services as reported in the APRR or the DHS CCAP Established Payment Rate for each rate category, whichever is lower

"DHS CCAP Established Payment Rate" means the maximum rate that DHS CCAP will pay approved providers for authorized child care services in each rate category. This maximum rate is established based on the results of a biennial Market Rate Survey as defined in Rhode Island law (R.I.G.L.

40-6.2-1.1.

"Department of Children, Youth and Families or DCYF" means the Rhode Island State agency with statutory responsibility for regulating child care providers. DCYF licenses child care centers and group family child care homes and certifies family child care homes.

"Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time to four (4) or more children unrelated to the child care provider. Family child care home shall not mean a private residence used for an informal cooperative arrangement among neighbors or relatives, or the occasional care of children with or without compensation. R.I.G.L.42-72.1-4 requires family child care home providers to obtain a certification from DCYF.

"Group Family Child Care Home" means a child care program located in the provider's home residence in which child care services may be offered at the same time for (9), but no more than twelve (12) children unrelated to the

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child care provider. R.I.G.L.42-72.1 requires group family child care home providers to obtain licensure from DCYF.

"Successfully Screened Provider" means that there is no disqualifying information or evidence of criminal activity in the background clearances and criminal record checks of the individual seeking CCAP approved non-certified provider status or of any of the adults living in the provider's household. Child care providers who possess a valid DCYF license or certificate to operate, and who are seeking CCAP approved status, are presumed to have been successfully screened in accordance with the R.I.G.L. 40-13.2-1 et. seq.

"Summer Camp" means a DHS approved program serving eligible school age children during periods when school is out-of-session. Summer camps must meet applicable State laws and regulations pertaining to child health and safety and any other applicable DHS requirements, though employees are not subject to the DCYF screening process.

1.1.1.2 0850.03.02 CDP Approved Providers

REV:08/2004

The CCAP Central Provider Directory (CPD) standardizes the process for approving child care providers to participate in the CCAP and provide a central source of information about, and for, CCAP approved providers. The process for gaining entry to the CPD, and attaining CCAP approved status, varies depending on type of child care provider.

1) Categories of CPD Approved Providers. In general, entry into the CPD shall be limited to the following categories of child care providers:

a) DCYF Licensed and Certified Child Care Providers.

Child care providers regulated by, and operating in accordance with, the standards established by the Rhode Island Department of Children, Youth and Families (DCYF) appropriate to the child care setting. Providers in this category include licensed center-based child care programs, group family child care homes, and school-age programs, as well as certified family child care homes. Also included are summer camp programs operated by licensed centers where children spend at least part of their day at the regulated facility where DCYF center standards are maintained during the entire day.

b) Non-certified Child Care Providers. Individuals who are not required by law to obtain DCYF licensure or certification, but are authorized to participate in the CCAP. Providers in this category have been successfully screened by DHS as specified in section 0850.03.03 of this rule; and

c) Non-certified Centers (also referred to as Summer Camps). This category is reserved for child care providers that are in compliance with the child care health and safety standards and/or program requirements established by the Department of Health (DOH) as well as any other pertinent and appropriate State agencies, and approved by DHS as meeting the CCAP program requirements. Summer camps, by definition, may not operate for more than twelve (12) weeks per year; and

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d) Nursery Schools. Programs certified by the Rhode Island Department of Education (DOE) to operate half (1/2) day pre-school programs and approved by DHS as meeting the CCAP program requirements.

2) Scope of CCAP Approval. For the purposes of the CCAP, "approved" means that the child care provider has met the requirements to enroll eligible children through the DHS CCAP automated enrollment system, receive payment for allowable child care expenses, and participate in certain DHS programs. Although these requirements reflect the minimum standards for safe and healthful child care, CCAP approved status is not, and shall in no way be construed as, related to the quality of services rendered by the child care provider. DHS will not pay providers for services rendered prior to the week that the CPD receives their application to be a CCAP approved provider.

1.1.1.3 0850.03.03 CPD Application for Approval Process

REV:08/2004

Child care providers who fall into the categories defined in Section 0850.03.01 of these rules, may apply for entry into the CPD. In the event that the family of an eligible child selects a child care provider that is not listed as approved in the CPD, the provider must contact the Office of Child Care, to request the appropriate CPD application forms and related information about obtaining CCAP approved provider status. The process for becoming approved in CCAP and entered into the CPD includes both general and category specific application requirements, as outlined below.

1) General Access Requirements. All child care providers seeking access to the CPD and CCAP approved status shall meet the following general requirements:

a) Applications shall be made on forms approved by the department. The application may vary in length and type, depending on the category of provider. Completed and signed applications, along with any required documentation, shall be submitted for review to the Office of Child Care.

b) All CCAP approved child care providers shall sign a CCAP Approved Provider Agreement (APA) that establishes the respective responsibilities and obligations of both the Department and the provider as well as the grounds for discontinuation of approved status. No payment shall be made for allowable child care expenses until the Department receives the original APA, signed and dated by the child care provider and notarized or witnessed by a member of the staff of the OCC. Providers shall agree to the terms and conditions set by DHS for:

- * Completing the APRR;
- * Enrolling eligible children;
- * Complying with maximum capacity limits;
- * Transmitting documentation of authorized services rendered;
- * Establishing the DHS authorized payment rate for services provided to CCAP eligible children enrolled in care as well as the payment method and interval;
- * Ensuring the safety and well-being of children in their care; and
- * Filing timely reports to DHS about changes in enrollment, licensure, or certification status, capacity

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or any other such matters as deemed necessary to maintain the CPD and authorize payment for services.

c) Providers, and any substitute providers, shall be successfully screened through a background clearance and criminal record check by the department specified --DCYF or DHS-- category specific requirements established in subrule (2) of this subsection;

d) Providers shall be U.S. citizens or submit documentation of a legal immigration status that includes the appropriate authorization to work in the child care field, or a related, industry. DHS is prohibited from making payment to, and therefore will not approve, non- citizen providers who do not have proof of such authorization; and

e) Meet any category specific requirements set forth in this subsection.

2) Category Specific Access Requirements. In addition to the general access requirements, child care providers shall meet the following category specific requirements in accordance with R.I.G.L 40-5.1-17(b) :

DCYF Licensed and Certified Child Care Providers. To be eligible to be CCAP approved, a child care provider operating under the jurisdiction of DCYF shall:

i. Provide documentation of a valid State of Rhode Island license or certificate to operate, deemed by DCYF to be in good-standing, and meet any additional requirements specified by DHS. Individuals operating, or employed by, child care centers and family homes regulated by DCYF are subject to screening -- including both a background clearance and criminal records checks -- as part of the process of obtaining and maintaining licensure or certification. Accordingly, a valid license or certificate in good standing is considered evidence of successful screening for the purposes of this section. For continued eligibility, all licensed providers are required to submit a schedule of their rates for non-assisted or non-subsidized families. If a provider's license lapses, is revoked, or otherwise becomes invalid, DHS shall initiate appropriate action to discontinue approved provider status. A provider whose approved status is discontinued must submit a new application to be considered for reinstatement as CCAP approved provider.

ii. For continued approved provider status, all licensed and certified providers are required to complete and submit a CCAP Approved Provider Rate Report (APRR) that includes their published rate schedule. The CCAP APRR specifies the actual rate a provider charges for child care services rendered to any non-CCAP subsidized families in all rate categories. The APRR is used to determine the DHS Authorized Payment Rates for Providers. If a provider does not have a published rate schedule, the provider shall make a statement attesting to that fact, as indicated, in the appropriate section of the CCAP APRR.

b) Non-certified Child Care Providers. To be eligible for CCAP approval, a non-certified provider shall:

i. Submit a completed and signed CPD/CCAP application packet including a signed Health and Safety Certification Form in which the provider attests to being free of any physical, mental and/or emotional condition(s) with the potential to endanger children or impede the ability to care for children. If an applicant is receiving disability related income and/or supportive health care services, or has been hospitalized for a chronic condition for one

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(1) day or more in the last year, a treating physician must submit either medical documentation on the appropriate DHS form, or a signed letter, indicating that the applicant is capable of providing safe and appropriate care for children.

Additionally, the application shall contain the following:

(a) A W-9 Form (Request for Taxpayer Identification Number and Certification) completed and signed by the provider;

(b) Proof that the applicant is at least twenty-one (21) years old as verified by a birth certificate or other legal document that contains an applicant's date of birth;

(c) A valid social security number or proof that the applicant is a United States citizen or a non-citizen who is lawfully entitled to reside and work in the United States;

(d) Proof of the applicant's Rhode Island residency and of a stable address. A post office box is not an acceptable form of proof of Rhode Island residency, though it may serve as an applicant's official mailing address.

(i) As used in this subrule, a stable address means that the applicant intends to maintain one principal place of residence once approved for the CCAP. For the purposes of CCAP, a stable address is necessary to ensure prompt enrollment of eligible children, timely payment for authorized services and to protect the safety and security of the child care environment.

(ii) A signed and dated mortgage, lease or rental agreement in which the applicant, or the parent or spouse of the applicant, is a legally responsible party shall be considered acceptable proof of a stable address. A person who lives in a residence as a boarder is not considered to have a stable address and, as such, does not meet the requirements of this section.

(iii) At least thirty (30) days prior to the actual date of a planned move, an approved non-certified provider must submit to the Office of Child Care (OCC), the information necessary to verify the address of, and the intent to maintain, a new principal place of residence. The provider shall also report any changes in household composition that occur in tandem with, or as a result of, the change in residence.

(iv) An approved provider who makes multiple changes in the principal place of residence during the two (2) year period of CPD status is not considered to have a stable address.

Accordingly, CPD status of such providers is subject to review by the Office of Child Care and possible discontinuation of certified provider status.

e) Proof that there is a working telephone accessible at all time at the applicant's residence as verified through a current phone bill. A cell phone number is acceptable, provided that documentation is provided showing that the phone is attached to the provider's residence;

f) Information on the applicant, and all adult members of the applicant household, including social security numbers and dates of birth; and

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g) A self-declaration specifying how many children will be rendered services, including any related children. Non- certified providers are limited to caring for three (3) unrelated children, or six (6) children if an acceptable degree of relationship to the provider can be proven. The provider's children under six (6) years of age shall be included in the maximum number of six (6) related children.

In instances in which the eligible children are related to the provider, legal documentation must be submitted to the CPD verifying that the provider has a relationship of acceptable degree to the eligible child(ren). For the purposes of the CCAP, a relationship of acceptable degree is an eligible child's aunt, uncle, grandparent, great grandparent, great aunt, great uncle, or adult sibling age twenty-one (21) or older. The Central Provider Directory (CPD) shall accept as verification of the provider's relationship the legal documents specified in Section 0806.15.05 of the FIP administrative rules. Information about the required legal documentation shall be made available to the provider by the CPD upon request.

ii. Be successfully screened, along with all members of the provider's household, at the time approved status is initially requested, and at two year intervals thereafter.

The screening process entails a background clearance performed through DCYF's Rhode Island Children's Information System (RICHIST) Unit, and a criminal record check (also referred to as a background criminal investigation or BCI) conducted by the Rhode Island Attorney General's Office. To be successfully screened, the following criteria shall be met:

(a) DCYF/RICHIST clearances. There shall be no disqualifying information, and no record of substantiated involvement in an investigation that may result in disqualification, as defined in the applicable DCYF policy, as amended, in the RICHIST background clearances of the provider and members of the provider's household. Any changes in the composition of the household must be reported immediately. Background checks on the entire household shall be conducted anytime there is a change in the composition of the approved provider's household.

(b) BCI Record Check. There shall be no evidence of criminal activity in the BCI record check of the provider and members of the provider's household. For the purposes of this section, evidence of criminal activity is defined as a conviction or plea of nolo contendere in any criminal matter or the fact that the individual has outstanding or pending charges, related to any of the following:

Types of Criminal Activity

Offenses Against the Person:

- Murder
- Voluntary manslaughter
- Involuntary manslaughter
- Kidnapping
- Kidnapping with intent to extort
- First-degree sexual assault
- Second degree sexual assault
- Third degree sexual assault
- Assault by spouse

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Assault with intent to commit specified felonies
Felony assault
Domestic assault
First-degree child abuse
Second-degree child abuse

Offenses Against the Family:

Incest
Child snatching
Exploitation for commercial or immoral purposes

Public Indecency:

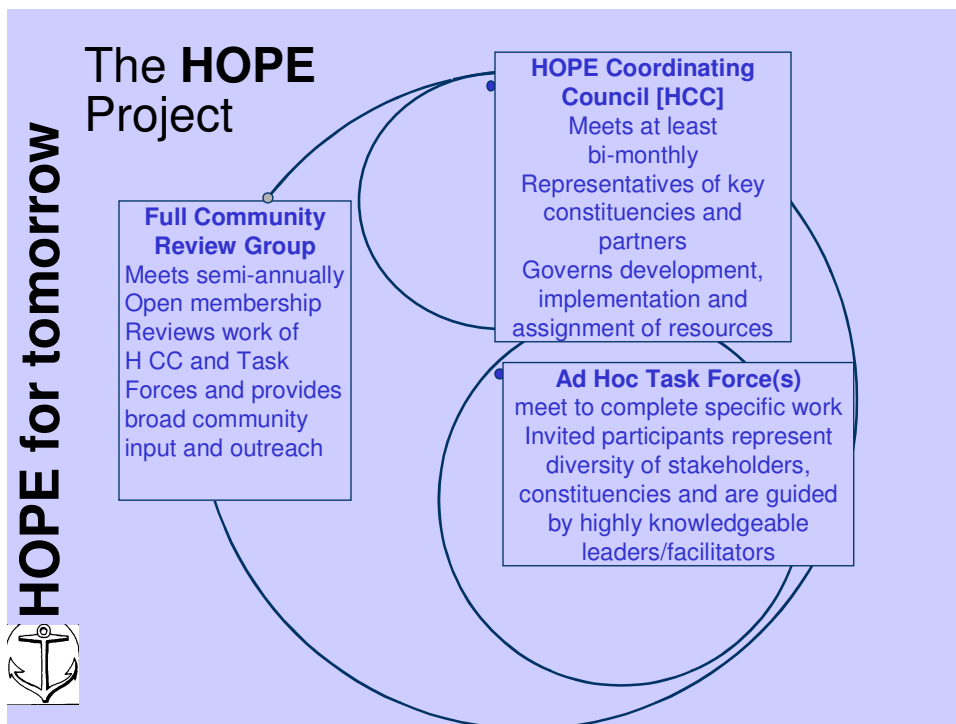
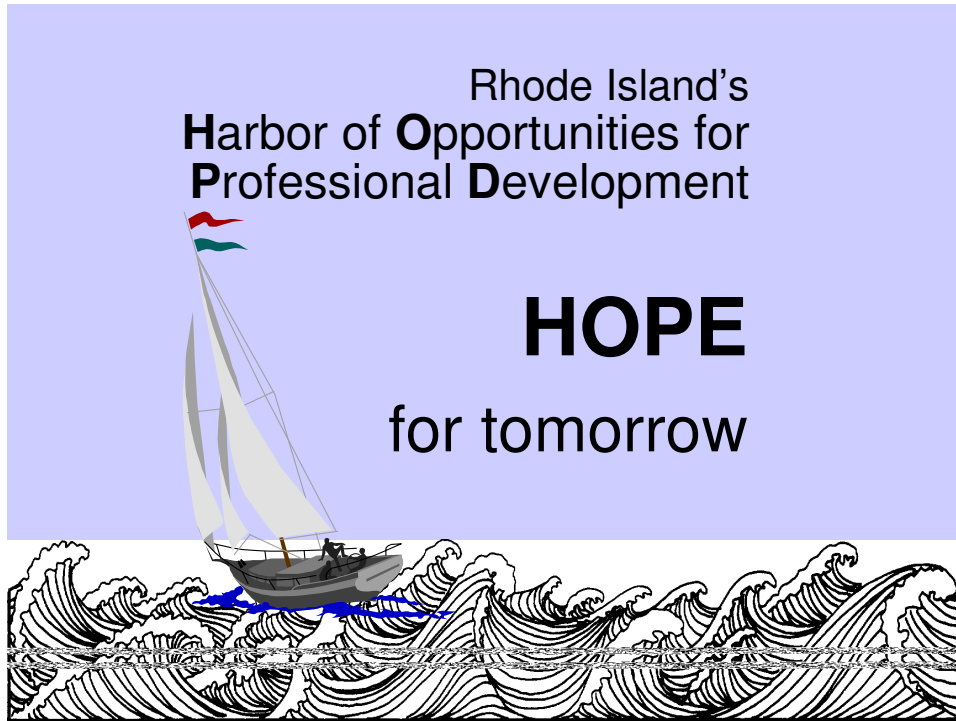
Transportation for indecent purposes:
Harboring
Prostitution
Pandering
Deriving support or maintenance from prostitution
Circulation of obscene publications and shows
Sale or exhibition to minors of indecent publications,
pictures, or articles
Child nudity in publication

Drug offenses:

Any offense constituting a felony which is enumerated
in R. I. General Law 21-28-81.01 et seq., the Uniform
Controlled Substances Act.

(c) Office of Child Care Review. The Office of Child Care reserves the discretion to deny approval of an application in circumstances when the evidence in the criminal record of a member of the household indicates a pattern of behavior that poses a risk to the safety and/or well-being of the eligible children to receive care. Such a determination shall only be made subsequent to a comprehensive review of the information provided through the clearances and background checks required in this section, as well as any related official documents pertaining to the criminal record of the applicant or household member that may become available.

Attachment 13 a.
Section 5.2.2 State
Plans for
Professional
Development





Areas of Critical Concern

- Systems Development & Implementation
- Survey, Landscape, & Evaluation
- Core Competencies & Career Lattice
- Professional Development Opportunities
- Financing
- Consortium of Higher Education



Systems Development & Implementation

THE WORK

Create and fund an independent HOPE Project focused on developing the critical components of a state of the art professional development system

Identify and reach out to other agencies and entities in Rhode Island with an interest in advancing professional development in ECE and CC and create public-private partnerships to advance the goals of HOPE



What we seek to achieve: Benchmarks & Outcomes

- Systems Development & Implementation
 - Initiating and sustaining intentional design and implementation - a thriving HOPE Project
 - A public-private partnership supporting a scholarship program for Rhode Island's ECE and CC practitioners
 - A coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and educated workforce in ECE, SA and youth care programs and guarantee a continuum of accessible, consistent and high quality educational and career options for that workforce throughout Rhode Island.



Survey Landscape Evaluation

THE WORK

Comprehensively assess and track Rhode Island's care and education work force including numbers, demographics, work settings, roles, & credentials

Assess and track working conditions & consequences including wages, benefits, turnover

Identify current training/professional development landscape and opportunities including needs of specific populations and gaps in current range of opportunities



What we seek to achieve: Benchmarks & Outcomes

- Survey, Landscape, Evaluation
 - A comprehensive baseline assessment of:
 - the full range of RI's care and early education workforce including numbers, demographics, work settings, roles, & credentials as well as working conditions & consequences of working conditions in early care and education, school age and youth care settings including wages, benefits, turnover
 - Current training/professional development landscape and opportunities including needs of specific populations and gaps in current range of opportunities
 - Ongoing tracking of key indicators related to work force characteristics, working conditions and professional development opportunities and activities
 - Data to link successful investments in advancing the professional work force with improved quality in programs and better outcomes for children and families



What we seek to achieve: Products

- Survey, Landscape, Evaluation
 - An initial RI ECE/CC Workforce Report and at least biennial updates on selected key indicators
 - Ongoing current scope/directory of professional development opportunities and organizations including higher education with attention to progress toward filling identified gaps and goals

HOPE for tomorrow



**Core
Competencies
Career Lattice**

THE WORK

Develop and document core standards and competencies for early care and education, school age, and youth care professionals (what do professionals have to know and be able to do to provide quality programs for children?)

Create a sequenced system of professional development

Define a career lattice of roles and positions in early care and education, school age, and youth care programs

HOPE for tomorrow



**What we seek to achieve:
Benchmarks & Outcomes**

- Core Competencies Career Lattice
 - Clearly defined & widely communicated core standards and competencies for early care and education, school age, and youth care professionals that allows practitioners to enter at a variety of levels and advance through diverse pathways
 - Certification of practitioner credentials, level of competency and specializations
 - A way to maintain, track and communicate practitioner credentials



What we seek to achieve: **Benchmarks & Outcomes**

- **Core Competencies Career Lattice**
 - A professionally prepared workforce that is:
 - stable;
 - competent in best practice;
 - well respected;
 - self- confident;
 - well compensated;
 - that reflects the diversity of children and families; and
 - is able to meet the challenges of supporting children's development and responding to family's needs



What we seek to achieve: **Products**

- **Core Competencies Career Lattice**
 - ✓ HOPE Core Competencies and Career Lattice Levels – 1st draft
 - A clearly defined career lattice of roles, professional positions and specializations in early care and education, school age, and youth care A certification capacity to establish verification and documentation of practitioner credentials
 - A well maintained web based practitioner registry to identify current credentials of active practitioners



Professional Development [PD] Opportunities

THE WORK

Expand PD opportunities in the community and connect community training efforts to the PD system

Communicate the full range of PD opportunities to all practitioners

Develop trainer/training approval standards and link to practitioner certification and registry as a specialization

Make credit bearing PD opportunities available and accessible across the full array of practitioners in the field

Advance articulation agreements and common course definitions among community training organizations and institutions of higher education



What we seek to achieve: Benchmarks & Outcomes

- **Professional Development [PD] Opportunities**
 - A system of PD opportunities that is: flexible; interconnected; and sequenced that supports each practitioner and all practitioners to meet defined standards and build competencies
 - Funding for expanded PD opportunities in the community connected to the professional development system
 - Effective articulation agreements across all components of the system including transferable CEUs or college credit throughout all levels of training
 - Training and education opportunities that meet the diverse cultural, linguistic, lifestyle and learning needs of working professionals



What we seek to achieve:

Products

- Professional development
 - Web based comprehensive state wide professional development opportunities calendar
 - Articulation agreements among community training organizations and institutions of higher education
 - Common workshop/course definitions that address identified core competencies and specializations and are connected to the PD system



Financing

THE WORK

Support the infrastructure needed to design, develop, implement and sustain a state of the art professional development system for ECE/CC practitioners in RI

Create a scholarship program that supports all levels of professional development

Plan for compensation increases linked to credentials and ongoing professional development through increased rates of reimbursement and a compensation initiative



What we seek to achieve:

Benchmarks & Outcomes

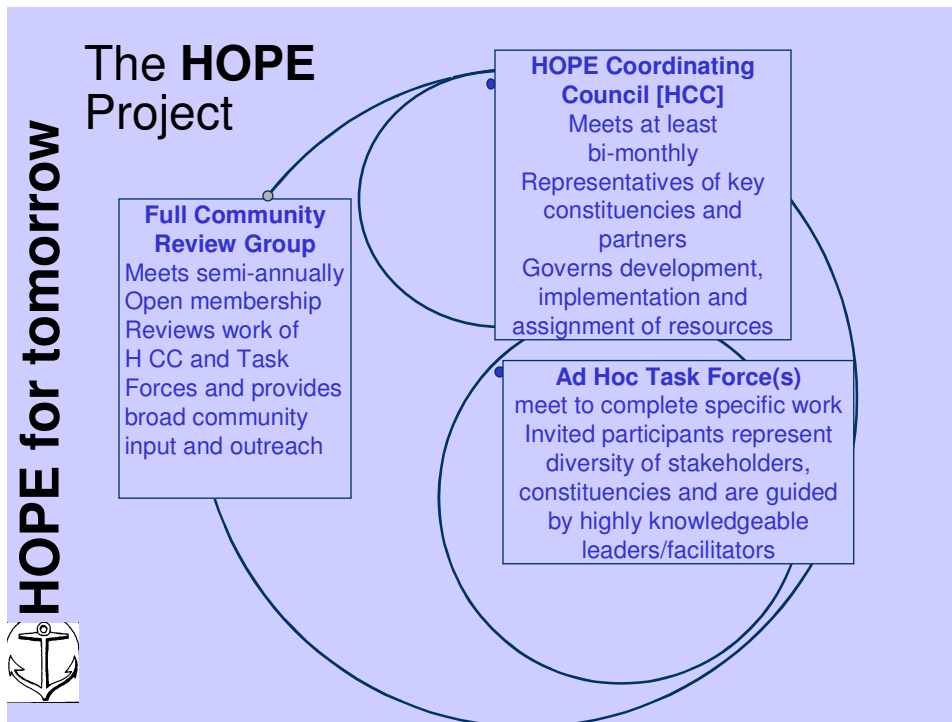
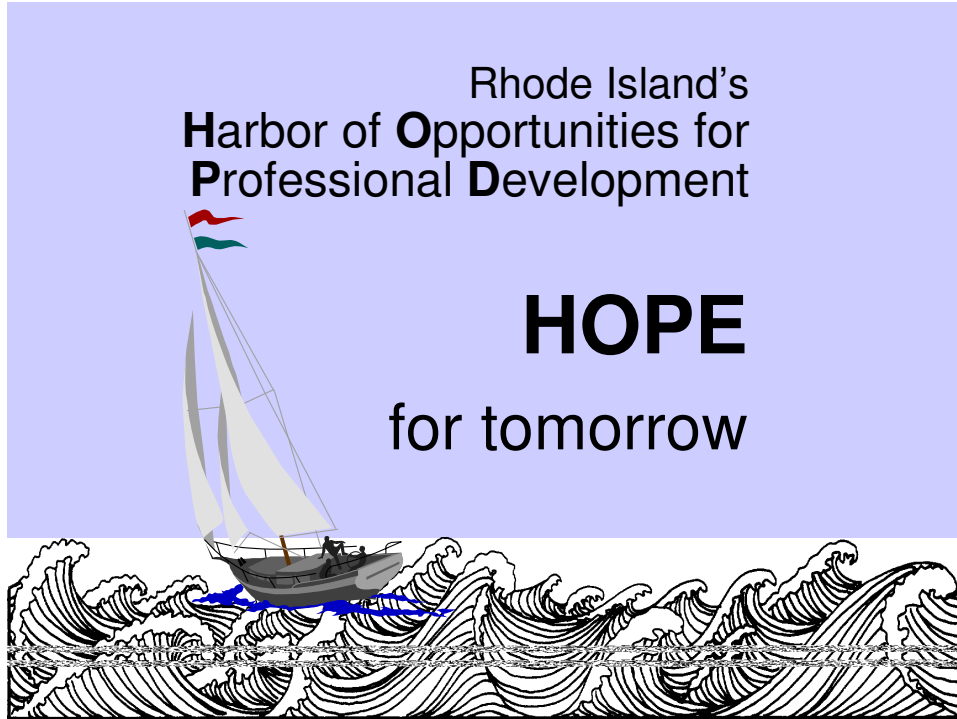
- Financing
 - A permanent, sustainable scholarship fund that supports all levels of professional development
 - Established as a public/private partnership
 - Well administered and highly accessible to all practitioners
 - Improved compensation linked to advancement in the field via professional development and experience
 - Professionals in the field, the general public and policy makers are aware of the true costs and benefits of quality care for children of all ages and are moving forward toward better and more secure financing of the child care industry through a variety of effective strategies



Higher Education

THE WORK

Involve public and private institutions of higher education who offer programs applicable to care and education professionals in a consortium to foster communication between higher education and programs and practitioners, to address barriers and opportunities, and to develop coordinated coursework and articulated paths for practitioners





Areas of Critical Concern

- Systems Development & Implementation
- Survey, Landscape, & Evaluation
- Core Competencies & Career Lattice
- Professional Development Opportunities
- Financing
- Consortium of Higher Education



Systems Development & Implementation

THE WORK

Create and fund an independent HOPE Project focused on developing the critical components of a state of the art professional development system

Identify and reach out to other agencies and entities in Rhode Island with an interest in advancing professional development in ECE and CC and create public-private partnerships to advance the goals of HOPE



What we seek to achieve: Benchmarks & Outcomes

- Systems Development & Implementation
 - Initiating and sustaining intentional design and implementation - a thriving HOPE Project
 - A public-private partnership supporting a scholarship program for Rhode Island's ECE and CC practitioners
 - A coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and educated workforce in ECE, SA and youth care programs and guarantee a continuum of accessible, consistent and high quality educational and career options for that workforce throughout Rhode Island.



Survey Landscape Evaluation

THE WORK

Comprehensively assess and track Rhode Island's care and education work force including numbers, demographics, work settings, roles, & credentials

Assess and track working conditions & consequences including wages, benefits, turnover

Identify current training/professional development landscape and opportunities including needs of specific populations and gaps in current range of opportunities



What we seek to achieve: Benchmarks & Outcomes


- Survey, Landscape, Evaluation
 - A comprehensive baseline assessment of:
 - the full range of RI's care and early education workforce including numbers, demographics, work settings, roles, & credentials as well as working conditions & consequences of working conditions in early care and education, school age and youth care settings including wages, benefits, turnover
 - Current training/professional development landscape and opportunities including needs of specific populations and gaps in current range of opportunities
 - Ongoing tracking of key indicators related to work force characteristics, working conditions and professional development opportunities and activities
 - Data to link successful investments in advancing the professional work force with improved quality in programs and better outcomes for children and families



What we seek to achieve: Products

- Survey, Landscape, Evaluation
 - An initial RI ECE/CC Workforce Report and at least biennial updates on selected key indicators
 - Ongoing current scope/directory of professional development opportunities and organizations including higher education with attention to progress toward filling identified gaps and goals

HOPE for tomorrow



Core
Competencies
Career Lattice


THE WORK

Develop and document core standards and competencies for early care and education, school age, and youth care professionals (what do professionals have to know and be able to do to provide quality programs for children?)

Create a sequenced system of professional development

Define a career lattice of roles and positions in early care and education, school age, and youth care programs

HOPE for tomorrow



What we seek to achieve:
Benchmarks & Outcomes

- Core Competencies Career Lattice
 - Clearly defined & widely communicated core standards and competencies for early care and education, school age, and youth care professionals that allows practitioners to enter at a variety of levels and advance through diverse pathways
 - Certification of practitioner credentials, level of competency and specializations
 - A way to maintain, track and communicate practitioner credentials



What we seek to achieve: Benchmarks & Outcomes

- Core Competencies Career Lattice
 - A professionally prepared workforce that is:
 - stable;
 - competent in best practice;
 - well respected;
 - self- confident;
 - well compensated;
 - that reflects the diversity of children and families; and
 - is able to meet the challenges of supporting children's development and responding to family's needs



What we seek to achieve: Products

- Core Competencies Career Lattice
 - ✓ HOPE Core Competencies and Career Lattice Levels – 1st draft
 - A clearly defined career lattice of roles, professional positions and specializations in early care and education, school age, and youth care A certification capacity to establish verification and documentation of practitioner credentials
 - A well maintained web based practitioner registry to identify current credentials of active practitioners



Professional Development [PD] Opportunities

THE WORK

Expand PD opportunities in the community and connect community training efforts to the PD system

Communicate the full range of PD opportunities to all practitioners

Develop trainer/training approval standards and link to practitioner certification and registry as a specialization

Make credit bearing PD opportunities available and accessible across the full array of practitioners in the field

Advance articulation agreements and common course definitions among community training organizations and institutions of higher education



What we seek to achieve: Benchmarks & Outcomes

- **Professional Development [PD] Opportunities**
 - A system of PD opportunities that is: flexible; interconnected; and sequenced that supports each practitioner and all practitioners to meet defined standards and build competencies
 - Funding for expanded PD opportunities in the community connected to the professional development system
 - Effective articulation agreements across all components of the system including transferable CEUs or college credit throughout all levels of training
 - Training and education opportunities that meet the diverse cultural, linguistic, lifestyle and learning needs of working professionals



What we seek to achieve:

Products

- Professional development
 - Web based comprehensive state wide professional development opportunities calendar
 - Articulation agreements among community training organizations and institutions of higher education
 - Common workshop/course definitions that address identified core competencies and specializations and are connected to the PD system



Financing

THE WORK

Support the infrastructure needed to design, develop, implement and sustain a state of the art professional development system for ECE/CC practitioners in RI

Create a scholarship program that supports all levels of professional development

Plan for compensation increases linked to credentials and ongoing professional development through increased rates of reimbursement and a compensation initiative



What we seek to achieve: Benchmarks & Outcomes

- Financing
 - A permanent, sustainable scholarship fund that supports all levels of professional development
 - Established as a public/private partnership
 - Well administered and highly accessible to all practitioners
 - Improved compensation linked to advancement in the field via professional development and experience
 - Professionals in the field, the general public and policy makers are aware of the true costs and benefits of quality care for children of all ages and are moving forward toward better and more secure financing of the child care industry through a variety of effective strategies



Higher Education

THE WORK

Involve public and private institutions of higher education who offer programs applicable to care and education professionals in a consortium to foster communication between higher education and programs and practitioners, to address barriers and opportunities, and to develop coordinated coursework and articulated paths for practitioners

HOPE for tomorrow



Key Participants

- Diverse participants
 - Practitioners from all CC settings
 - Practitioners in all professional roles
 - State Agency staff (DHS, DCYF, DOH, RIDE, DLT)
 - Community training organizations staff (CHILDSPAN et al)
 - Parents/Families (RIPIN, PSN)
 - Policy makers
- Consultants with specialized expertise
- Higher Education partners
 - CCRI, URI, RIC, Salve Regina, Higher Ed Financing
- Philanthropy
 - United Way, RI Foundation, Business partners
- Professional Organizations
 - RIAEYC, RI CC DA, FCCH RI, RI SA CC Coalition
- Community Partners
 - RI Kids Count, Options for Working Parents, Prevent Child Abuse RI

Attachment 13b. Section 5.2.2 State Plans for Professional Development

BACKGROUND

The Department of Human Services (DHS), as principal state agency for the planning and coordination of state involvement in child care in Rhode Island (RI General Law 42-12-23), is also lead agency for the federal Child Care Development Fund (CCDF) Block Grant .

In 1998, Rhode Island's General Assembly enacted the State Budget Article 11 relating to the "Starting Right Initiative" to increase access to affordable high quality early care and education (ECE), school age (SA) and youth care for Rhode Island families. At that time, a Starting Right Implementation Committee and four Sub-committees were established to analyze and research innovative practices and make recommendations for progress in specific areas identified as essential to moving the Starting Right vision forward into reality. One of those Sub-Committees, the Training and Accreditation Sub-Committee was related, in part, to professional development of ECE, SA and Youth practitioners. This group envisioned the establishment of a progressive career development system that creates and sustains a diverse and professionally prepared workforce able to apply knowledge, expertise and best practice to meet the challenges of supporting children's development and responding to families' needs.

The Sub-Committee on Training and Accreditation evolved into the HOPE [Rhode Island's Harbor of Opportunities for Professional Excellence] Project in 2000 and began refining a clear and detailed plan for a qualified, credentialed ECE, SA and youth care workforce in Rhode Island. The group solicited input from industry and community stakeholders at a Leadership Roundtable held in February 2001. Four areas of work were defined and moved forward: Survey/Landscape/Evaluation; Core Competencies and Career Lattice Design; Training; and Financing. During 2001 and part of 2002, a clear blueprint for action was created by participants in the HOPE effort. As a first step to implementing that plan, the HOPE Project Steering Committee, in collaboration with DHS and CHILDSPAN, convened a diverse and representative Task Force to develop Core Competencies and Career Lattice Levels as a foundation for the envisioned Career and Professional Development System. In June 2003 a completed draft of the HOPE Core Competencies and Career Lattice Levels was released.

Similar attention to the professional development of a well qualified ECE and child care workforce was taking place across the United States. In spring of 2002 the Bush Administration released a new Early Childhood Initiative called *Good Start, Grow Smart* which, for the first time, requires states to define a plan for professional development of practitioners in child care settings as part of the State Plan for the CCDF for Federal Fiscal Years (FFY) 2004-2005. Rhode Island had a ready response in the HOPE blueprint which was included in the Child Care and Development Fund Plan for Rhode Island approved by the Child Care Bureau of the US Department of Health and Human Services for implementation in October 2003. (HOPE plan included in CCDF State Plan for RI is included as Attachment 2)

With this request for proposals, DHS continues this vital work by initiating and sustaining the intentional design and implementation of a coordinated system of career and professional development comprised of a set of integrated components that coordinate and advance pre-service and in-service training and education in order to assure a skilled and educated workforce

in ECE, SA and youth care programs and guarantee a continuum of accessible, consistent and high quality educational and career options for that workforce throughout Rhode Island.

GENERAL PURPOSE

In order to support and advance the stability, competence and standing of the ECE, SA and youth care professional workforce in Rhode Island, RI DHS is seeking proposals from experienced agencies and organizations to manage the design, development and implementation of HOPE as a state of the art career and professional development system for ECE, SA and youth care practitioners throughout the state. It is essential to the success of the project that HOPE does not replicate or replace existing efforts but rather provides resources and leadership to bring existing services and entities related to professional and career development for ECE, SA and youth care professionals together into an inclusive, responsive and comprehensive system. The goal of HOPE is to align the many pieces of the current professional and career development landscape into a cohesive whole, spanning a continuum of levels, from entry to advanced levels of education and experience, creating linkages and expanding, refining and enhancing opportunities and activities as needed. This work must integrate and include existing licensing bodies, such as teacher education licensing and preschool and child care program licensing, as well as other Starting Right Quality Initiatives such as (but not limited to) the Rhode Island Early Learning Standards Project (RI ELS) and The Rhode Island Child Development Specialist Apprenticeship Program (RI CDSAP). Professional development activities taking place in all sectors of ECE and child care such as (but not limited to) CHILDSPAN, Head Start, the RI Comprehensive Child Care Services Program (RI CCCSP), Early Intervention, Preschool Special Education and Therapeutic Child and Youth Care (TCYC) should be included in the continuum. All stakeholders in the professional community must be sought out and encouraged to participate in the system design and in the on-going governance of the HOPE system.

GUIDING PRINCIPLES

HOPE: RI's Harbor of Opportunities for Professional Excellence - a Career and Professional Development System for ECE, SA and Youth Professionals - will be guided by the following core principles and definitions:

- High quality, ongoing professional development and training of ECE, SA and youth care practitioners advances positive outcomes for children and youth and supports parents as the primary educators of their children.
- A qualified and professional workforce needs a coordinated system of professional development to maintain and expand skills and knowledge through learning opportunities linked to credentials, degrees, certifications, endorsements, compensation and licensure.
- Practitioners in ECE, SA and youth care, and those preparing to enter the field, bring a diversity of strengths and challenges that must be respected and addressed in order to establish effective and mutual teaching and learning that emphasizes the value of each individual, acknowledges and builds on prior knowledge and experience, and provides help in overcoming individual learning difficulties. An effective professional and career development system provides appropriate flexibility to recruit and attract new members, maintain and advance the existing workforce, and acknowledge the expertise and

competence gained through the variety of experiences individuals bring to enrich this work.

- Full and equitable access means providing culturally relevant training in locations throughout the state and in languages that address the identified needs of the ECE, SA and youth care workforce for fees affordable to the full range of practitioners in every setting.
- There are many paths to professional growth; a single approach to gaining knowledge and competence does not work for all. Learning opportunities and events must be highly engaging and interactive, available in a variety of formats, responsive to diverse learning styles, and utilize research on best practices in adult education. Innovative and creative approaches to professional development that meet accepted standards of quality must be encouraged. We must think outside of the box about effective pathways to increasing and verifying competence.
- Professional learning experiences for all RI practitioners must be coordinated as part of this emerging integrated system of career advancement and professional development. To this end, strong collaborative relationships among all stakeholders in the professional development landscape must be advanced through clear, honest, direct and respectful communication, partnerships that advance common ends, articulated training and educational experiences, and mutual support. HOPE must actively recruit and maintain the collaboration and support of relevant professional organizations, institutions of higher education, all entities involved in training and professional development related to ECE, SA and youth care as well as participants in the workforce. This diversity of critical stakeholders in Rhode Island must guide all aspects and stages of the project in order to promote shared ownership of HOPE as a career and professional development system advancing best practice for children, families and practitioners..
- HOPE will recognize and draw upon existing high quality professional development opportunities in the state. It will build upon and integrate work already accomplished to date. It must not duplicate or reinvent successful programs; rather it must incorporate them into the emerging system.
- HOPE is intended as an evolving system that improves itself through the integration of experience, analysis of achieved outcomes, feedback from participants and current research-based best practice in the field.
- HOPE's envisioned outcomes must be achieved incrementally on all levels. (Think big and start small.)
- A commitment to high standards and worthwhile, engaging experiences is essentials at all levels, from novice to advanced.
- The Core Competencies and Career Lattice Levels identified by the HOPE Task Force are the foundation for HOPE as an emerging system of career and professional

development for ECE, SA and youth care professionals. Professional development opportunities and certifications must address core knowledge and skills common to practitioners in every setting and across all age groups and also address the specialized knowledge and skills needed by practitioners in different roles and settings addressing children and youth at specific stages of development.

- Settings include: non-certified Family, Friend and Neighbor care, certified Family Child Care Homes; licensed Center Based programs; School Age and Youth programs in centers, community based organizations and schools; Head Start programs, certified CCCSP network programs, certified TCYC programs and part and full day Preschool and Kindergarten programs. HOPE must be inclusive of this variety of settings and also of the variety of services delivered to children and families through these settings.
- Age groups encompass birth through age sixteen and are generally categorized into: Infants (birth – 18 months); Toddlers (18 months – 3 years); Preschool (3-5 years); Kindergarten (5-6 years – sometimes included in preschool, sometimes included in School Age); School Age (6- 11 years/ first through fifth grades/ elementary school); and Youth (12-15 years/ sixth grade and up/middle and early high school)
- Individuals who develop and deliver training for ECE, SA and Youth practitioners must have appropriate credentials in their area of expertise, sufficient knowledge and experience to be a resource for their intended audience and must be well prepared to provide meaningful learning experiences for adults. The HOPE system has a responsibility to monitor and certify trainer expertise.

RESULTS

The successful applicant will enter into a contract with RI DHS to provide the program components as outlined in this request. HOPE must facilitate consensus from stakeholders in the ECE, SA and Youth care communities to establish and achieve clear and measurable outcomes related to the following results:

- Clearly defined & widely communicated core standards and competencies for early care and education, school age, and youth care professionals;
- A clearly defined career lattice of roles and professional positions in early care and education, school age, and youth care that allows practitioners to enter at a variety of levels and advance through diverse pathways;
- Career guidance for professionals in every role that advances knowledge and skills in effective personal and program evaluation as related to setting and achieving goals leading to best practice for children and families;
- A professionally prepared workforce that is: stable; competent in best practice; well respected; self- confident; well compensated; that reflects the diversity of children and families; and is able to meet the challenges of supporting children's development and responding to family's needs;

- A system of professional development opportunities that is: flexible; interconnected; and sequenced that supports each practitioner and all practitioners to meet defined standards and build competencies;
- Public and private partnerships providing funding for expanded training opportunities in the community connected to the professional development system;
- Effective articulation agreements across all components of the system including transferable CEUs or college credit throughout all levels of professional development;
- A consortium of public and private institutions of higher education that offer programs applicable to ECE, SA and youth care professionals established to foster communication between institutions of higher education, community training programs and practitioners, to address barriers and opportunities, and to develop coordinated coursework and articulated paths for practitioners;
- Training and education opportunities that meet the diverse cultural, linguistic, lifestyle and learning needs of working professionals;
- An established method to monitor and qualify trainers and training opportunities according to established standards to assure high quality experiences and impact practice for practitioners to communicate this information to the public;
- An established, coordinated and inclusive certification program for practitioners at every level documented and readily accessible via a registry of practitioner qualifications;
- A permanent, sustainable scholarship fund that supports all levels of professional development and that is established as a public/private partnership; well administered; and highly accessible to all practitioners;
- Improved compensation linked to advancement in the field via professional development, demonstrated improvements in competence and documented experience;
- Professionals in the field, the general public and policy makers are aware of the true costs and benefits of quality care for children of all ages and are moving forward toward better and more secure financing of early care and education, school-age and youth care programs through a variety of effective strategies and innovative partnerships;
- Ongoing tracking of key indicators related to work force characteristics, working conditions and professional development opportunities and activities;
- Data to link successful investments in advancing the professional work force with improved quality in programs and better outcomes for children and families; and
- A coordinated array of community based, culturally appropriate, sequential, learning opportunities and continuing education designed around core knowledge and competencies leading to credentials and endorsements accessible to the full range of diverse practitioners working in ECE, SA and youth care throughout Rhode Island.

PROGRAM ACTIVITIES

HOPE will:

1. Establish, convene and sustain the HOPE Coordinating Council as the formal governing body for the HOPE Project and System. Membership shall provide representation from all critical stakeholders concerned with the professional development of the ECE, SA and youth care work force including (but not limited to): RI Departments of Human Services, Children, Youth and Families, Education and Health; RI CDSAP at CCRI; CHILDSPAN; Options for Working Parents; RI Child Care Support Network; RI ELS;

- RI Institutions of Higher Education with Child Development and/or ECE programs; RI Association for the Education of Young Children; RI Child Care Director's Association, Family Child Care Homes of RI; Day Care Justice Coop; RI Out of School Alliance; RI School Age Child Care Coalition; Rhode Island Kids Count; United Way of Rhode Island; RI Parent Information Network; The Cooperative Extension at URI and others;
2. Establish, convene and sustain a Higher Education Consortium involving all public and private institutions of higher education that offer coursework in ECE or child and family development. This consortium will: foster communication among these institutions and between them and community training programs; address barriers and opportunities for practitioners in accessing and progressing through higher education coursework and programs; and advance coordinated coursework and articulation across institutions and programs;
 3. As indicators of progress toward identified outcomes, comprehensively assess and track: characteristics of Rhode Island's ECE, SA and youth care workforce; working conditions and their consequences; professional development opportunities and experiences including needs of specific populations and gaps in available range of opportunities;
 4. Collaboratively review, revise and publish Rhode Island's Core Competencies and Career Lattice Levels in an engaging and accessible format in both English and Spanish. Expand this document with specializations as needed to support a full range of skills and competencies across all settings, age groups and roles. Maintain the Core Competencies and Career Lattice levels as a living document integrated into and providing a foundation for the emerging career and professional development system. Distribute and support widespread understanding and use of the document for all of its intended purposes;
 5. Coordinate a sequenced system of community based, culturally appropriate, sequential professional development opportunities designed around the Core Competencies and Career Lattice Levels and leading to credentials and endorsements. Ensure that these are accessible to the full range of diverse practitioners working in ECE, SA and youth care throughout Rhode Island. Develop and implement effective solutions to expand affordable community based training opportunities and continuing education as part of this sequenced system to meet the documented needs of practitioners and address the full range of career levels and competencies;
 6. Establish, communicate and maintain quality assurance systems for training and instructor approval that are aligned with the Core Competencies and Career Lattice Levels;
 7. Advance the recruitment of a diverse mentor and leadership cadre among ECE, SA and youth care professionals and establish activities that nourish, sustain and grow this critical component of the field;
 8. Design, establish and maintain a system to certify the professional qualifications of practitioners and develop and maintain a registry to record this information in an easily accessible web-based format;
 9. Establish and/or participate in a public private partnership that creates a scholarship program for ECE, SA and Youth care professionals that supports all levels of continuing education;
 10. Propose and facilitate methods to increase compensation for practitioners who demonstrate increasing competence and expertise as they move through the system;

11. Create, edit, publish and distribute documents and other materials and information related to HOPE and HOPE components as deemed necessary by the HOPE Coordinating Council and/or DHS as the sponsoring agency;
12. Create and maintain a web-site related to HOPE and HOPE components; and
13. Develop, work toward and regularly report on a set of clear and measurable outcomes consistent with the Guiding Principles and Results discussed in this Request and approved by the HOPE Coordinating Council and DHS.

Attachment 14 Section 6.6 Enforcement of Health and Safety Regulations

State of Rhode Island, Department of Children, Youth and Families

Regulations regarding the reporting of serious injuries for children in regulated child care:

Child Day Care Center, Regulations for Licensure (1993) Section II, Part Three, #13. INJURY REPORT: A written report shall be made to the parent on the day that an injury occurs. A copy of this report shall be placed in the child's record. The injury, first aid and parent communication shall be recorded in the center health log.

Child Day Care Center, School Age Child Day Care Program, Regulations for Licensure (1993) Section II, Part Three, #13. INJURY REPORT: A written report shall be made to the parent on the day that an injury occurs. A copy of this report shall be placed in the child's record. The injury, first aid and parent communication shall be recorded in the program's health log.

Family Group Day Care Home, Standards for Licensure (1988) Section II, Standard Six; Administration, #4: The provider shall maintain a separate record for each child in care. The record shall contain all information gathered on the child including medical forms, emergency treatment forms, parental agreement and permission forms, etc.
7: The provider shall notify the parent immediately in the event of an emergency which requires that the child have medical attention.

Family Day Care Home, Regulations for Certification (1990) Section II, Standard Seven; Administration, #7: The provider shall keep a written record of accidents and illnesses that occur while children are in care. The provider shall notify the parent or guardian of any accidents occurring while the child is in care. Notification shall be given on the same day that the accident occurs.